

Railroad Retirement Board claims folder

for

James Patrick Condron

Born: 2 March 1896 in Ireland

Died: 29 June 1955 in New Haven, CT

RRB Claim ID-D299059

Scanned from the original documents

on 16 August 2022

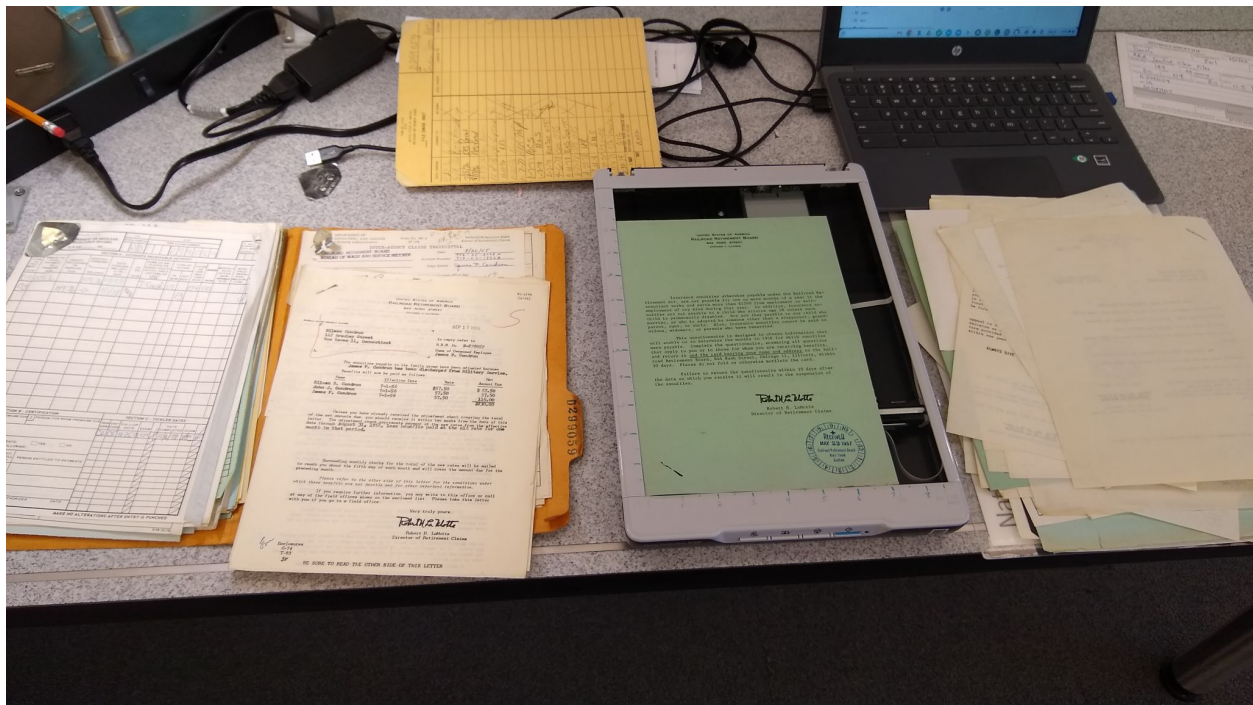
by Earl Alvin Daniels

Originals held by:

The National Archives at Atlanta

5780 Jonesboro Road

Morrow, Georgia 30260



OVERPAYMENT SUMMARY FOR WAIVER CONSIDERATION - SECTION D

☐ UNREASONABLE DELAY IN HANDLING REPORT OF EVENT REQUIRING ADJUDICATIVE ACTION (In Item 2 describe the event that caused the overpayment. Describe how the event was reported, e.g., "G-19a dated 6-15-7-." Furnish any other pertinent information about the overpayment that would explain the reason waiver is being requested.)

☐ IMPROPER ADJUDICATION (In Item 2, fully describe the improper action; identify the forms involved; give voucher number of incorrect award; describe any incorrect information furnished the annuitant, etc.)

[illegible]

ATTACH FORM G-363 AND/OR G-363a OVERPAYMENT SUMMARY. PREPARE THE REVERSE SECTIONS "A" AND "B" IN ALL CASES. PREPARE SECTION "C" IF APPROPRIATE.

TERMINATION OR SUSPENSION OF PAYMENTS; DELETION OF HI RECORDS

PRINT LIKE THIS:

1234567890

010

CLAIM SYMBOL & PREFIX	SYM	M	W	WC	J	P	A	D	H	CLAIM NUMBER	SSA
		X	X	X	X	X	X	X	X	2	299059

VOUCHER NUMBER	NAME OF PAYEE OR HI BENEFICIARY
3	Eileen Conclon

PAYEE CODE	MONTHLY RATE	TERMINATION, SUSPENSION, DELETION CODE
501	610976	744

MONTH	DAY	YEAR	MONTH	YEAR
8082010	9	10	12	0978

14	PREPARED BY:	UNIT:	DATE:
	Amoye	SNS	10-4-78

8	SHOW BENEFICIARY'S DOB IN <u>ALL</u> CASES.
9	ENTER "X" IF DELETING HI RECORDS ONLY.
10	ENTER "X" IF TERMINATING A SUSPENDED ANNUITY.
11	ENTER "X" IF TERMINATING CONSTR. AWARD, OR DELETING SUP ANN TAX CREDITS FOR PERIOD BEFORE MONTH INDICATED BY A PRIOR TERMINATION OR SUSPENSION.
12	SHOW DATE (1) PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED, (2) HI COVERAGE TERMINATED, OR (3) SUP ANN TAX CREDITS DELETED.

CODE FOR RELEASE OF SUSPENSION NOTICE			
Code	Reason for adjustment	Code	Reason for adjustment
151	Deduct for SMI	167	Child employed
152	Stop deducting for SMI	168	Child ceased employ.
161	SSA benefits	169	Payee has excess earnings
162	Wife entit. to MA	170	Family member (not payee) has excess earnings
164	Child age 18	199	Other
165	Child married		
166	Child no longer FTS		

TERMINATION CODES	
SURVIVOR 41 DIED. 42 CHILD ATTAINED AGE 18; DISABLED CHILD RECOVERED; STUDENT ATTAINED AGE 22; OR DISABLED WIDOW RECOVERED. 44 CHILD MARRIED OR ADOPTED; WIDOW OR PARENT REMARRIED. 45 WIDOW DOES NOT HAVE ENTITLED CHILD IN HER CARE. 46 ENTITLED TO EQUAL OR GREATER BENEFIT. 47 STUDENT CEASED FTA. 61 APPLICATION OR AWARD CANCELLED.	SPOUSE 51 DIED. 53 NO LONGER HAS CHILD IN HER CARE. 57 DIVORCED. 59 EMPLOYEE'S BENEFIT TERMINATED. 61 APPLICATION OR AWARD CANCELLED. EMPLOYEE 01 DIED. 08 DISABILITY ANNUITANT RECOVERED. 61 APPLICATION OR AWARD CANCELLED. 62 DELETION FOR CORRECTION CODE (SURVIVOR, SPOUSE, EMPLOYEE)

SUSPENSION CODES

SURVIVOR 11 IN EMPLOYER SERVICE 12 UNDER AGE 72 - EARNINGS IN EXCESS OF ALLOWABLE MAX. 16 PAYEE NOT DETERMINED. 16 WITHDRAWN FOR INVESTIGATION. 16 RECOVERY OF ERRONEOUS PAYMENT 16 OTHER (SEE "REMARKS")	SPOUSE 52 IN EMPLOYER SERVICE. 58 EMPLOYEE BENEFIT SUSPENDED. 56 OTHER (SEE "REMARKS"). EMPLOYEE 02 RETURNED TO EMPLOYER SERVICE - SUP ANN ENTITLEMENT NOT AFFECT. 05 RETURNED TO EMPLOYER SERVICE - SUP ANN. TERM. 07 RETURNED TO LPS. 09 DISABLED ANNUITANT EARNED OVER \$200 IN A MONTH. 06 OTHER (SEE "REMARKS").
--	--

CODES FOR DELETION OR CORRECTION OF HI RECORDS ONLY

01 EMPLOYEE HI BENEFICIARY DIED. 12 RECORD STATUS CHANGED TO "ANNUITY IN SUSPENSE." 29 STATE BUY-IN ACCRETION. 41 SURVIVOR (IPI) HI BENEFICIARY DIED. 44 WIDOW OR PARENT HI BENEFICIARY REMARRIED. 51 SPOUSE HI BENEFICIARY DIED. 57 SPOUSE HI BENEFICIARY DIVORCED. 59 SPOUSE HI BENEFICIARY TERMINATED BECAUSE EMPLOYEE'S BENEFIT TERMINATED. 61 APPLICATION OR AWARD CANCELLED. 65 DISABILITY HI BENEFICIARY RECOVERED.

REMARKS

MEDICARE INPUT (SHORT FORM)

PRINT LIKE THIS:

1234567890

081

1	SYM	M	W	WC	C	J	P	A	D	H	2	CLAIM NUMBER	SSA
		X	X	X	X	X	X	X	X	X			299059

3	ACTIVITY CODE	52	4	TYPE BENEFICIARY	03	5	DATE OF BIRTH	MONTH	DAY	YEAR
								08	20	10

6	SEX CODE	2	7	PSEUDO NUMBER		8	EVENT CODE & DATE	CODE	MONTH	YEAR

9	FORMER SSA OR RRB NUMBER		10	UNIT DESIGNATION	035
---	--------------------------	--	----	------------------	-----

11	RESERVED		PREPARED BY	DATE
			Cmays	10-4-78

3 ACTIVITY CODE 05 DROP RECORD 06 DROP RECORD & RIC 21 RESCREEN 22 UNIVERSAL RIC 23 WITHDRAWAL 24 WITHDRAWAL AFTER SBI 25 OPTION CHANGE 26 REVERSE TERM FOR NON-PAYMENT 27 GEP ENROLLMENT 30 TRANSFER UTIL SSA-RRB 32 CLEAR JURIS & TRANS UTIL SSA-RRB 34 CLEAR JURIS & TRANS UTIL RRB-RRB 35 KILL CREDIT RRB-RRB 36 KILL CREDIT SSA-RRB 50 DEATH 51 CESSATION OF DIB 52 LOSS OF QRRB STATUS 60 MANUAL AWARD-STOP BILLING 61 PREVENT YEAR-END BILLING 62 RELEASE ID CARD 98 COMBINED CHICO-MIRTEL INQUIRY 99 INQUIRY				8 EVENT CODE 1 YES OPTION - ENTER SMI FILING DATE 2 NO OPTION - ENTER SMI FILING DATE 3 WITHDRAWAL - ENTER DATE OF REQUEST 4 WITHDRAWAL - AFTER SBI - ENTER TERM DATE 5 GOOD CAUSE - ENTER SMI EFFECTIVE DATE 6 DEATH - ENTER DATE OF DEATH 7 CESSATION OF DIB - ENTER DATE OF CESS. 8 DUAL ANNUITANT - ENTER CURRENT DATE																																														
4 TYPE BENEFICIARY <table border="1"> <thead> <tr> <th></th> <th>AGE</th> <th>DIB</th> <th>DIB, NOW 65</th> </tr> </thead> <tbody> <tr> <td>EMPLOYEE</td> <td>01</td> <td>11</td> <td>21</td> </tr> <tr> <td>SPOUSE</td> <td>02</td> <td>12</td> <td>22</td> </tr> <tr> <td>WIDOW</td> <td>03</td> <td>13</td> <td>23</td> </tr> <tr> <td>SURV. CHILD</td> <td>04</td> <td>14</td> <td>24</td> </tr> <tr> <td>PARENT</td> <td>05</td> <td></td> <td></td> </tr> <tr> <td>IPI</td> <td>06</td> <td>16</td> <td>26</td> </tr> </tbody> </table>					AGE	DIB	DIB, NOW 65	EMPLOYEE	01	11	21	SPOUSE	02	12	22	WIDOW	03	13	23	SURV. CHILD	04	14	24	PARENT	05			IPI	06	16	26	9 FORMER NUMBER WITH ACTIVITY CODES 30, 32, AND 36—ENTER THE SSA NUMBER AND APPROPRIATE SUFFIX* *Use the appropriate numeric code for the suffix. A-01 D-04 G-07 J-10 M-13 P-16 S-19 V-22 Y-25 B-02 E-05 H-08 K-11 N-14 Q-17 T-20 W-23 Z-26 C-03 F-06 I-09 L-12 O-15 R-18 U-21 X-24 WITH ACTIVITY CODES 34 AND 35 - ENTER THE FORMER RRB NUMBER AND APPROPRIATE NUMERIC BIC FOR THE SYMBOL AND PREFIX. <table border="1"> <tbody> <tr> <td>A-10</td> <td>MH-84</td> <td>WH-86</td> <td>PD-45</td> <td>WCA-13</td> </tr> <tr> <td>H-80</td> <td>WA-16</td> <td>CA-17</td> <td>PH-85</td> <td>WCD-43</td> </tr> <tr> <td>MA-14</td> <td>WD-46</td> <td>PA-15</td> <td>JA-11</td> <td>WCH-83</td> </tr> </tbody> </table>				A-10	MH-84	WH-86	PD-45	WCA-13	H-80	WA-16	CA-17	PH-85	WCD-43	MA-14	WD-46	PA-15	JA-11	WCH-83
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6 SEX CODE 1-MALE 2-FEMALE				10 UNIT DESIGNATION 01 (MOD #)-RM 090-PR 02-SSCU 130-BCS 03 (MOD #)-SM 143-ESA 040-P&A 161-RXR 050-WRP 171-RXS 06 (GROUP #)-HB 199-Other 070-DB 080-SQI																																														

R43
1-3-7

RRB FORM G-358 (10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC SY	RATE BEFORE SMIB		SMI CD	TOTAL WK DED AMT
		OLD	NEW		

WD	299059 1		REJECT	1A	
	W	102.59	109.52	1A	

ID	PIA	TIER 1 DATA		NET	TIER 2 DATA	WINDFALL DATA
		DRC	GROSS			

1						
W	245.30		245.30	00.00	73.59	35.93

ID	AGE	REDUCTION AMOUNTS				ADJ CHECK	
		ACT ADJ	MS	WITHHOLD	WVR	DATE	AMOUNT

1						7-01-76	91.49
W	00.00	00.00		00.00		7-01-77	101.82

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA			
		AMOUNT	SFX	PIA	PD BY RRB

1	91.49				
W	101.82	278.40	A	278.10	

REMARKS

FOR ADJUSTMENTS MADE 7-1974 THROUGH 5-1976 SEE MICROFILMS
MANUAL APR-MAY ACT PC 1 JUL-76
SS EXCEEDS RES SS BY OVER \$1.00 PC 1 JUL-77

*
*
*

NOTICE FOR CORRECTION OF RESEARCH INFORMATION

INSTRUCTIONS:

Complete in duplicate. Items 1 thru 4 must be completed in all cases using information as it appears on record. Enter information in items 5, 6, & 7 only as applicable.

Make appropriate corrections in red on the latest award form in file.

Batch originals for weekly delivery to research. File copy in folder.

DO NOT SEND FOLDER TO RESEARCH

PART II

5. a. ☐ CHILD/STUDENT (IPI) IS DISABLED
 b. ☐ CHILD (IPI) IS A STUDENT
 c. SURVIVOR APPLICATION CODED OUT

CODE CLERK

DATE

7.

DATA

a. BENEFICIARY'S OWN SSA NUMBER

b. BENEFICIARY'S SPOUSE'S SSA NO.

c. BENEFICIARY'S OTHER SSA NUMBER

d. BENEFICIARY'S DATE OF BIRTH

e. PRIMARY INSURANCE AMOUNT DATA

f. OTHER (DESCRIBE BRIEFLY)

8.

REMARKS

EXAMINER

UNIT

DATE

PART I

1.

CLAIM NUMBER

SYM-PREF.

SIX DIGITS

EE'S SSA NUMBER

2.

TYPE OF CASE

☐ RET.☒ SURV.

3.

DATE OF BIRTH

MO.

DAY

YR.

4.

TYPE OF BENEFICIARY

RETIREMENT

☐ EMPLOYEE☐ SPOUSE☐ IPI

____TWIN INDICATOR

SURVIVOR

☒ WIDOW (AGE)☐ WIDOW (CURRENT)☐ DISABLED WIDOW☐ PARENT☐ MOTHER☐ FATHER☐ MINOR CHILD☐ STUDENT☐ DISABLED CHILD

____TWIN INDICATOR

6.

a. ☐ ENTER WORK DEDUCTION CODE 3 (RETIREMENT)b. ☐ AWARD CANCELLED

SEE ITEM 3

MO.

DAY

YR.

PIA #

AMT

AMW

YOC

PIA #

AMT

AMW

YOC

Entry for item 14E - C.D. 818/RIK AGE - is 10-1-75

RX-5

1-26-78

ACCOUNTS RECEIVABLE RECORD

O/P NO. _____ OF _____

1-3

4-12

SYM & PREFIX

SSA

CLAIM NUMBER

* 43-45

D.O. WHERE
APP'N. FILED

WD

299059

SECTION A - ACCOUNTS RECEIVABLE ACTIVITY

TYPE OF PAYMENT 13-14	AMOUNT OF OVER-PAYMENT OR PREMIUMS 15-22	AMOUNT RECOVERED OR REMOVED 15-22	BROUGHT FORWARD: \$ BALANCE	DATE PUNCHED (MO., DAY, & YR.) 26-31	CD NO. 32-36	NAME OF EMPLOYEE OR ENROLLEE (1ST INITIAL AND 5 LETTERS OF LAST) 37-42	TYPE OF ACTION		CAUSE	SOURCE	MONTHLY RATE (AFTER SMIB) WITHHELD (MO. & YR.) 72-76	WITHHELD BEGINNING (MO. & YR.) 77-80
							IN 48-49	OUT 50-51				
03	396.14	396.14	10-7-77			JCOND	01		01	01		
03	396.14	0	10-7-77				11					

SECTION B - CERTIFICATION

SECTION C - TICKLER DATES

1 MONTHS FOR WHICH PREMIUMS DUE		2 PERSON FOR WHOM PREMIUMS DUE		CODES		CALL-UP DATE	EXAM.	DATE COMPLETED	EXAM.
(16-17)	(19)	(16-17)	(19)	(16-17)	(19)				
3 PERSON(S) OVERPAID									
4 CURRENT OR FUTURE PAYMENTS:		YES <input type="checkbox"/> NO <input type="checkbox"/>							
If "Yes," COMPLETE THE FOLLOWING:									
TYPE OF CURRENT OR FUTURE PAYMENT	AMOUNT	DATE PAYMENTS WILL ACCRUE	PERSON ENTITLED TO PAYMENTS						
04 MIAQ, 2 Current and CRH, 2 Annual		(Codes for Col 20-21)	LABE OF ACTION ONI (CREDIT)						
03 MIAQ, 2 Annual		03: Pucollectible acct	01: Accrue account						
01 Employee Annual		(Codes for Col 20-21)	(Codes for Col 20-21)						
5 EXAMINER	DATE	6 AUTHORIZER	DATE						

DO NOT REMOVE FROM FOLDER

MAKE NO ALTERATIONS AFTER ENTRY IS PUNCHED

ACCOUNTS RECEIVABLE CODES - SECTION A

TYPE OF PAYMENT (Codes for Cols. 13-14)	TYPE OF ACTION IN (DEBIT) (Codes for Cols. 48-49)	CAUSE (Codes for Cols. 52-53)	SOURCE (Codes for Cols. 68-69)
01. Employee Annuity	01. Active Account	01. Excess Earnings	01. Annual Policing Program, including Field policing
02. Spouse Annuity	02. Uncollectible Acct.	02. SSA Eligibility	02. Disability Freeze Program
03. Widow's or Widow's and Child's Annuity	TYPE OF ACTION OUT (CREDIT)* (Codes for Cols. 50-51)	03. Last Person Service	06. Annuitant or Family-direct, through field or by returned check (Not on policing questionnaire.)
04. Widow's Current and Child's Annuity		04. Marriage	07. SSA (Other than cases coded 01, 02, 19, or 38)
05. Child's Annuity	11. Offset - RRA benefits	05. Employer Service	08. VA
06. Parent's Annuity	12. Cancelled Benefit Check or Reclamation	06. Not Full-Time Student	38. SSA Tape Interchange
07. Residual Lump Sum	13. Cash Refund	07. Child Not In-Her-Care	00. Other
08. Insurance Lump Sum	14. Cash Refund-Civil Action	08. VA Entitlement	
09. Survivor (J&S) Ann.	15. Actuarial Adjustment	09. Death	
10. Supplemental Annuity	16. Waiver	10. Employer Pension	
20. SMIB Overpayments (Travelers)	17. Compromise	12. Non-Payment of Premium (Other Than Death)	
30. Unpaid Premiums	18. Recovered by SSA	13. Erroneous Award	
40. HIB (U.S.)	19. Transferred to Uncollectible	14. Other	
50. HIB (Canada)	20. Uncollectible Recovered by GAO	88. Correction (Decrease of Previous Debit or Credit Action.)	
	21. Offset-SMIB		
	22. Transfer to SSA		
	23. Recovered by BUSI		
	24. Offset - SSA benefits		

* If an O/P is recovered by RRB after transfer to the uncollectible account, use the credit code that would have applied if the account were still active.

TICKLER CODES - SECTION C	
REASON FOR CALL-UP (Codes for Cols. 16-17)	ORGANIZATION UNIT OR SPECIAL CODE (Codes for Col. 19)
01. Erroneous Payments	0. D&H
02. Err. Payment Tracer	1. RI
03. Reinst. of Payments	2. SCR
09. Sec. 2(d) Refund	4. RP
16. SF 1184 Tracer	5. SP
49. _____	6. SI
99. _____	8. P&A
	W. WRP
	R. PR
	N. Release Annual Policing Form
	9. Release Survivor Policing Form Jan. 1

OVERPAYMENT SUMMARY FOR WAIVER CONSIDERATION - SECTION D

1 REASON FOR OVERPAYMENT:

- ☐ UNREASONABLE DELAY IN HANDLING REPORT OF EVENT REQUIRING ADJUDICATIVE ACTION (In Item 2 describe the event that caused the overpayment. Describe how the event was reported, e.g., "G-19a dated 6-15-7-." Furnish any other pertinent information about the overpayment that would explain the reason waiver is being requested.)
- ☐ IMPROPER ADJUDICATION (In Item 2, fully describe the improper action; identify the forms involved; give voucher number of incorrect award; describe any incorrect information furnished the annuitant, etc.)

2 REMARKS (If additional space is needed, attach a separate sheet.)

ATTACH FORM G-363 AND/OR G-363a OVERPAYMENT SUMMARY. PREPARE THE REVERSE SECTIONS "A" AND "B" IN ALL CASES. PREPARE SECTION "C" IF APPROPRIATE.

10 03 77 113

RRB FORM G-364 (11-76)

DETERMINATION OF AWARD **INSURANCE ANNUITY**

1. VOUCHER NO.

2. TYPE OF CERTIFICATION

☐ FINAL CERT ☒ REINSTATE.

☒ PARTIAL
CERT.

☐ SUSP./REINSTATE

☐ RECERT

☒ REINST.-RECERT

☐ RECERT.SYM
CHANGE

☐ SUSP./REINSTATE
RECERT.

4. SS BENEFIT RECEIPT CODE

P.C.

☒ 1

☒ YES

☐ 2

☐ NO

☐ 1

☐ YES

☐ 2

☐ NO

5. CLAIM NO.

6. DECEASED EMPLOYEE

7. EMPLOYEE'S
SSA NO.8. SSA
CLAIM
NO.

9. ACCOMPANYING FORMS

☐ NONE

☒ G-364.1

☐ G-364

of

10. PAYMENT SUMMARY

ACCRUED PAYMENTS

DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)

NET AMOUNT DUE

SYM	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
	\$ 110.41	1-1-76	5-31-76	5	\$ 552.05	\$ 98.69	1-1-76	10-31-76	10	\$ 986.90	
	115.48	6-1-76	10-31-76	5	577.40	102.59	11-1-76	6-30-77	8	820.72	
	117.98	11-1-76	5-31-77	7	825.86				9/10	396.14	
	122.96	6-1-77	9-30-77	4	491.84						
11. SMIB CODE	12. SMIB EFF. DATE	SMIB PREMIUM		\$ 7.70		8-1-77	10-31-77	3	\$ 2310	220.29	

13. CERTIFICATION OF PAYMENT

NE	PAYEE CODE	NAME AND ADDRESS OF PAYEE	CONTROL DATE OF BIRTH	LAST MO. CHECK RATE	MO. RATE OR SHARE	SMIB PREMIUM	MO. CHECK RATE	NET AMOUNT PAID	14. BAL. CONTROL	REPRESENTATIVE PAYEE CODE
1	1	EILEEN CONDRON	08/20/10	\$	122.96	7.70	115.26	220.29	366.35	<input checked="" type="radio"/> A. Court Appointed payee <input type="radio"/> B. Payee neither court appointed nor parent for child <input type="radio"/> C. Parent for Child
2										
3										
4										
5										
6										

16. PAYMENT SUMMARY

ACCRUED PAYMENTS

DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)

NET AMOUNT DUE

SYM	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
	\$				\$	\$				\$	
17. SMIB CODE	18. SMIB EFF. DATE	SMIB PREMIUM		\$						\$	

19. CERTIFICATION OF PAYMENT

NE	PAYEE CODE	NAME AND ADDRESS OF PAYEE	CONTROL DATE OF BIRTH	LAST MO. CHECK RATE	MO. RATE OR SHARE	SMIB PREMIUM	MO. CHECK RATE	NET AMOUNT PAID	20. BAL. CONTROL	REPRESENTATIVE PAYEE CODE
1				\$						<input type="radio"/> A. Court Appointed payee <input type="radio"/> B. Payee neither court appointed nor parent for child <input type="radio"/> C. Parent for Child
2										
3										
4										
5										
6										

22. REMARKS

23. EXAMINER

DATE

25. AUTHORIZER

DATE

24. COMPUTER

DATE

26. CODE/CLERK

DATE

10 03 77 113

WORKSHEET
INSURANCE
ANNUITY
COMPUTATION

1. VOUCHER NO.

2. CLAIM NO.

3. DECEASED EMPLOYEE

4. EMPLOYEE'S
SSA NO.

5. EMPLOYEE'S MARITAL STATUS AT DEATH

MALE ☒ MARRIED ☐ S.W.D.FEMALE ☐ MARRIED ☐ S.W.D.

6. DATE OF BIRTH 7. DATE OF DEATH 8. ORIG. B

9. TYPE OF CERT.
CODEX FORM PARTIALLY
Y COMPLETED

0. FINAL CERT.
1. RECERT.
2. REINSTATE
3. REINST.-RECERT.
4. SUSP./REINSTATE
5. SUSP./REINSTATE
6. RECERT.

10. TYPE
OF CERT.
CODE11. BENE-
FICIARY
DATA

(A) PC

(B) SYM

(C) RELATIONSHIP/
NAME(D) DATE
OF BIRTH(E) TWIN
CODE

(F)

CHECK

SSA NUMBER
OWN OR OTHER

SSA BENEFIT

(G) SSA
NO. SUF-
FIX

(H) PIA

(I) RE
EFF
MO

12. (A) REG. PIA

AMW \$ 300 PIA \$ 261.10

(B) SPEC. MIN. PIA

YRS. COV. PIA \$

(C) SSA MAXIMUM

① ☐ REG. TABLE \$② ☐ SAV. CLAUSE \$③ ☐ SPEC. MIN. \$④ ☐ REDET. SC. \$

(D) REDUCED AGE RATE CALCULATION

PIA/ INCREASE	RF	ADJUSTED RATE/INCREASE
\$		\$
\$		\$
\$		\$
\$		\$

REDUCED AGE
RATE \$

(E) RIB LIMIT ON WIA

- ① ☐ EE'S RED. RATE \$
AMW \$ PIA \$
YRS. COV. \$
② ☐ 82½% X PIA \$
(PIA IN ITEM 12(A) OR 12(B))

(F) WIDOW(ER)'S SOLE SURVIVOR M
COMP. (RIB LIMIT CANNOT APPL
ITEM 16 (B) RATE CANNOT BE
THAN HIGHER OF:

- ② ☐ REG. MIN. PIA REDUCED
FOR RF IN ITEM 12(D) \$
③ ☐ SOLE SURV. MIN. RATE
(ONLY REDUCE "R" FOR
MONTHS UNDER AGE 62) \$

13. SPOUSE MINIMUM GUARANTY R

① ☐ SPOUSE MIN. RATE FOR
COMP. : \$② ☐ SPOUSE MIN. RATE FOR
COMP. : \$14. EMPLOYEE ANN
RESTORED AMT./
WINDFALL
DATA

(A) EE'S 6-1974 PIA

AMW \$

PIA \$

YRS. COV.

(B) WIDOW'S 6-1974 PIA/OFFSET

AMW \$

PIA \$

DIFF. BETWEEN
PIA #21 AND #4 \$

(C) 1937 ACT RR FORMULA

NO
OFFSET
APPLIED
① ☐

RATE \$

AMR \$

INC. YRS.

(D) W'S EE A

(E) W'S RIB/

20. NOTICE TO RESEARCH

- ☒ RESEARCH NOTIFIED ON G-59
☒ ITEMS ENTERED OR CIRCLED IN RED CHANGED

☐☐☐

EXAMINER

DATE

21. REMARKS

#6-77 PIA

See G-364.1 in file for prev rate
Ann supp 7/77

22. CLAIMS EXAMINER

23. COMPUTER

DATE

24. AUTHORIZER

EMPLOYEE'S MARITAL STATUS AT DEATH

① ☒ MARRIED ② ☐ S.W.D.
 ③ ☐ MARRIED ④ ☐ S.W.D.

6. DATE OF BIRTH 7. DATE OF DEATH 8. ORIG. BEG. DATE

6 06-55 1-1-75

SSA BENEFIT DATA

	OTHER	(G) SSA NO. SUF- FIX	(H) PIA	(I) REDUCTION EFFECTIVE	
				MO.	YR.
441		A	\$251.00	10	75
			\$		
			\$		
			\$		
			\$		

9. WIDOW(ER)'S SOLE SURVIVOR MIN. COMP. (RIB LIMIT CANNOT APPLY)
 ITEM 16 (B) RATE CANNOT BE LESS THAN HIGHER OF:

① ☐ REG. MIN. RATE REDUCED FOR RF IN ITEM 12(D) \$

② ☐ SOLE SURV. MIN. RATE (ONLY REDUCE "R" FOR MONTHS UNDER AGE 62) \$

10. SPOUSE MINIMUM GUARANTY RATES:

① ☐ SPOUSE MIN. RATE FOR TIER II COMP. :
 \$

② ☐ SPOUSE MIN. RATE FOR WF COMP. :
 \$

11. TIER I RR FORMULA

(D) W'S EE ANN ABD

\$

(E) W'S RIB/DIB DOE

\$

10-1-75

for prev rates

AUTHORIZER

DATE

Wolke 475 9/10/77

1974 ACT SURVIVOR ANNUITY COMPUTATION

15. IDENTIFYING INFORMATION

(A) EFFECTIVE DATE 6-1-77

(B) SYMBOL W

16. TIER I COMPUTATION

(A) ORIG. OR RED. FOR MAX. RATE (ROUND UP 10¢ IF NECESSARY) 261.10

(B) FIRST ADJUSTED RATE (ITEM 12(D), 12(E) OR 12(F) RATE)

(C) REDUCTION FOR:
 ① ☐ EE ANN. NET TIER I
 ② ☐ EE ANN. NET TIER I IS ZERO

A. EE CLAIM NO.

② ☒ SS BENEFIT 251.00

(D) NET TIER I AMT. 10.10

17. TIER II COMPUTATION

(A) 30% X 16(A) OR 16(B)

(B) W'S EE ANN. RESTORED AMT.

① ☐ ZERO

(C) ADDITIONAL AMOUNT:

① ☐ SPOUSE MIN.

② ☐ EQUALIZED AMT.

(D) NET TIER II AMT. 78.33

18. WINDFALL COMPUTATION

(A) 1976 WF AMOUNT

① ☐ ZERO 34.53

② ☐ ADDITIONAL WF SPOUSE MIN.

③ ☐ 1974 WF AMOUNT

(B) NET WINDFALL AMT. 34.53

19. MONTHLY ANNUITY

(A) TOTAL OF 16(D), 17(D) AND 18(B)

(B) DEDUCTION FOR:

① ☐ ACT. ADJ.

② ☐ TEMP. WITHHOLDING

RECOVERY DATE

③ ☐ WAIVER OF ANNUITY OVER \$

(C) MONTHLY ANNUITY RATE 122.96

INSTRUCTION SHEET FOR PREPARATION OF RL-119
(COMPLETE BOTH SIDES OF THIS FORM)

CLAIM NO.

D-299059

NAME
ADDRESS

Eileen Condon

CC FOR New York, N.Y. D/O
SHOW ON CC:
EE'S NAME,
EE'S SSA NO.

CITY & STATE

ZIP

The monthly annuity payments . . . have been ☒ adjusted ☒ reinstated

SECTION I

- ☐ A child attained age [18] [22].
- ☐ A child over age 18 [qualifies] [no longer qualifies] as a full-time student.
- ☐ [You/_____] [is/are not eligible] [has/have married].
- ☐ [You/_____] [is/are] [is not/are not] entitled to social security benefits.
- ☐ [You/_____] [do not/does not] expect[s] [your/_____] total earnings for the year to exceed \$_____.
- ☐ [You/_____] no longer expect[s] to [earn in excess of \$_____ per month [perform substantial services in self-employment].
- ☐ An overpayment of \$_____, based on a report that [you/_____] earned \$_____ in _____, [has been/will be] recovered from [your/_____] annuity.
- ☐ Since [your/_____] total earnings for _____ were \$_____, the annuity payments previously withheld for that year are now being restored to [you/_____].
- ☐ Based on a report that [you/_____] will earn \$_____ in _____, [annuity payments (will be/have been) withheld for _____ months] [(your/_____) annuity has been adjusted to deduct \$_____ each month] [(your/_____) annuity has been increased by \$_____ to compensate for the simultaneous loss of social security benefits because of (your/_____) earnings.]
- ☐ You/_____ [have/has] attained age 72. Deductions will no longer be made because of work no matter how much [you/_____] earn[s].
- ☒ The overpayment described in our letter of 3-14-77 has now been recovered [from (your/_____) annuity]. [by ~~cash refund/actuarial adjustment~~].
- ☐ An overpayment of \$_____, in [your/_____] railroad retirement annuity due to your entitlement to social security benefits [has been/will be] recovered from [your/_____] social security benefit accrual.

Benefits will now be paid as follows:

Name	Monthly Rate	Effective Date
W	110.41	1-1-76
	115.48	6-1-76
	117.98	11-1-76
	122.94	6-1-77

OVER

SECTION II

- ☒ Your check includes the amount due you through _____ [,] ☒
- ☒ less the benefits that have been paid for that period.
- ☒ less an overpayment of \$ 396.14 [made to you] [as described in our letter of 3-14-77].

SECTION III PARAGRAPH(S) TO BE INSERTED

- ☐ Complete and return the enclosed Form G-377 when any of the events occur which are listed under item 2 of that form. ☐ less than \$ _____
- ☐ more than \$ _____
- ☐ Complete and return the enclosed Form _____ when any of the events listed on that form occur.
- ☐ There is no need to report _____ earnings again before the end of the year unless they will exceed \$ _____.
- ☐ Even though annuity payments withheld because of excessive earnings may be restored later, you are still required to report any work you do, as explained in the Form G-176 previously furnished to you.
- ☐ [You/_____] no longer need [s] to report [your/_____] earnings to the Board.
- ☐ In the near future, your railroad retirement annuity will be combined with the benefits you are now receiving under the Social Security Act. The amount will be shown on the front of the check below your name and address.

Enclosure(s) : ☒ Check ☐ G-377 ☒ RP 706 ☒ RP 974

SECTION I

REMARKS TO TYPIST:

CITY & STATE

ZIP

EE, S SSN NO.

EE, S NAME

SHOW ON CC

CC FOR

DATE

EXAMINER

NAME

GLVIN NO.

TERMINATION OR SUSPENSION OF PAYMENTS; DELETION OF HI RECORDS

PRINT LIKE THIS:

1234567890

010

CLAIM SYMBOL & PREFIX	SYM	M	W	WC	J	P	A	D	H	CLAIM NUMBER	SSA
		X	X	X	X	X	X	X	X	2	000299059

VOUCHER NUMBER	NAME OF PAYEE OR HI BENEFICIARY
3	Eileen Condon

PAYEE CODE	MONTHLY RATE
501	6094.89

TERMINATION, SUSPENSION, DELETION CODE
716

TERMINATION CODES	
<p>SURVIVOR</p> <p>*41 DIED.</p> <p>*42 CHILD ATTAINED AGE 18; DISABLED CHILD RECOVERED; STUDENT ATTAINED AGE 22; OR DISABLED WIDOW RECOVERED.</p> <p>*44 CHILD MARRIED OR ADOPTED; WIDOW OR PARENT REMARRIED.</p> <p>*46 ENTITLED TO EQUAL OR GREATER BENEFIT.</p> <p>*47 STUDENT CEASED FTA.</p> <p>61 APPLICATION OR AWARD CANCELLED.</p>	<p>SPOUSE</p> <p>✓ 51 DIED.</p> <p>53 NO LONGER HAS CHILD IN HER CARE.</p> <p>57 DIVORCED.</p> <p>59 ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.</p> <p>61 APPLICATION OR AWARD CANCELLED.</p> <p>EMPLOYEE</p> <p>✓ 01 DIED.</p> <p>08 DISABILITY ANNUITANT RECOVERED.</p> <p>61 APPLICATION OR AWARD CANCELLED.</p> <p>62 DELETION FOR CORRECTION CODE (SURVIVOR, SPOUSE, EMPLOYEE)</p>

SUSPENSION CODES	
<p>SURVIVOR</p> <p>*11 IN EMPLOYER SERVICE</p> <p>*12 UNDER AGE 72 - EARNINGS IN EXCESS OF ALLOWABLE MAX.</p> <p>14 WIDOW DOES NOT HAVE ENTITLED CHILD IN HER CARE.</p> <p>16 PAYEE NOT DETERMINED.</p> <p>16 WITHDRAWN FOR INVESTIGATION.</p> <p>16 RECOVERY OF ERRONEOUS PAYMENT</p> <p>16 OTHER (SEE "REMARKS")</p>	<p>SPOUSE</p> <p>52 IN EMPLOYER SERVICE.</p> <p>58 EMPLOYEE BENEFIT SUSPENDED.</p> <p>56 OTHER (SEE "REMARKS").</p> <p>EMPLOYEE</p> <p>02 RETURNED TO EMPLOYER SERVICE - SUP ANN ENTITLEMENT NOT AFFECT.</p> <p>05 RETURNED TO EMPLOYER SERVICE - SUP ANN. TERM.</p> <p>07 RETURNED TO LPS.</p> <p>09 DISABLED ANNUITANT EARNED OVER \$200 IN A MONTH.</p> <p>06 OTHER (SEE "REMARKS").</p>

CODES FOR DELETION OR CORRECTION OF HI RECORDS ONLY
<p>*01 EMPLOYEE HI BENEFICIARY DIED.</p> <p>*12 RECORD STATUS CHANGED TO "ANNUITY IN SUSPENSE."</p> <p>*29 STATE BUY-IN ACCRETION.</p> <p>*41 SURVIVOR (IPI) HI BENEFICIARY DIED.</p> <p>*44 WIDOW OR PARENT HI BENEFICIARY REMARRIED.</p> <p>*51 SPOUSE HI BENEFICIARY DIED.</p> <p>*57 SPOUSE HI BENEFICIARY DIVORCED.</p> <p>*59 SPOUSE HI BENEFICIARY TERMINATED BECAUSE ANNUITANT'S OR PENSIONER'S BENEFIT TERMINATED.</p> <p>*61 APPLICATION OR AWARD CANCELLED.</p> <p>*65 DISABILITY HI BENEFICIARY RECOVERED.</p>

<p>*SHOW BENEFICIARY'S DOB</p> <p>✓ SHOW BENEFICIARY'S DOB IF AGE 64 AND 8 MONTHS</p> <p>8</p>	<table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MONTH	DAY	YEAR																											
MONTH	DAY	YEAR																													
ENTER "X" IF DELETING HI RECORDS ONLY	9 X																														
ENTER "X" IF TERMINATING OR CONSTR. AWARD, OR SUP ANN TAX CREDITS BEING DELETED FOR PERIOD BEFORE MONTH INDICATED BY A PRIOR TERMINATION OR SUSPENSION	10 X																														
SHOW DATE (1) PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED, (2) HI COVERAGE TERMINATED, OR (3) SUP ANN TAX CREDITS DELETED	<table border="1"> <tr> <th>MONTH</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>777</td> </tr> </table>	MONTH	YEAR	10	777																										
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170	Family member (not payee) has excess earnings																														
199	Other																														
CODE FOR RELEASE OF SUSPENSION NOTICE	12																														
AFT — FOR PAYMENT RECORDS USE ONLY	13																														
REMARKS	14																														
PREPARED BY:	UNIT:																														
A. Meyer	RXS																														
DATE:	7-1-77																														

FORM NO. G-363 9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD						EXAMINER				CLAIM NO.			
PAYMENT SUMMARY FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950						COMPUTER							
SUBJECT	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)							NET AMOUNT DUE
SYMBOL	MO.	RATE	FROM	TO	NO. MOS.	AMOUNT	MO.	RATE	FROM	TO	NO. MOS.	AMOUNT	
	110.41	1-1-76	5-31-76	5	552.05	98.69	1-1-76	10-31-76	10	986.90			
	115.48	6-1-76	10-31-76	5	577.40	102.59	11-1-76	6-30-77	8	820.72			
	117.98	11-1-76	5-30-77	7	825.86								
	122.96	6-1-77	8-30-77	2	245.72 368.88								
										O/P	396.14	105.05	
						7.70	8-1-77	9-30-77	2	7.70 15.40			

WORKSHEET INSURANCE ANNUITY COMPUTATION

1. VOUCHER NO.

2. CLAIM NO.

3. DECEASED EMPLOYEE

4. EMPLOYEE'S
SSA NO.

5. EMPLOYEE'S MARITAL STATUS AT DEATH

MALE ☒ ☐ MARRIED ☐ ☐ S.W.D.FEMALE ☒ ☐ MARRIED ☐ ☐ S.W.D.

6. DATE OF BIRTH 7. DATE OF DEATH 8. ORIG.

9. TYPE OF CERT.
CODEX FORM PARTIALLY
Y COMPLETED

0. FINAL CERT.

8. PARTIAL CERT.

1. RECERT.

2. REINSTATE

9. SUSP./
REINSTATE

3. REINST.-RECERT.

7. SUSP./
REINSTATE
RECERT.10. TYPE
OF
CERT.
CODE11. BENE-
FICIARY
DATA(A)
PC(B)
SYM(C) RELATIONSHIP/
NAME(D) DATE
OF
BIRTH(E) TWIN
CODE

(F)

CHECK

SSA NUMBER
OWN OR OTHER

SSA BENEFIT

(G) SSA
NO.
SUF-
FIX

(H) PIA

(I) RE
EF

MO

12. (A) REG. PIA

AMW

\$ 300

PIA

\$ 246.50

(B) SPEC. MIN. PIA

YRS.
COV.

PIA

\$

(C) SSA MAXIMUM

① ☐ REG. TABLE

\$

② ☐ SAV. CLAUSE

\$

③ ☐ SPEC. MIN.

\$

④ ☐ REDET. SC.

\$

(D) REDUCED AGE RATE CALCULATION

PIA/
INCREASE

RF

ADJUSTED
RATE/INCREASE

\$ = \$

\$ = \$

\$ = \$

\$ = \$

REDUCED AGE
RATE

\$

(E) RIB LIMIT ON WIA

① ☐ EE'S RED. RATE

\$

AMW \$

PIA \$

YRS. COV.

② ☐ 82½% X PIA

\$

(PIA IN ITEM 12(A) OR 12(B))

(F) WIDOW(ER)'S SOLE SURVIVOR M
COMP. (RIB LIMIT CANNOT APPL
ITEM 16 (B) RATE CANNOT BE
THAN HIGHER OF:② ☐ REG. MIN. PIA REDUCED
FOR RF IN ITEM 12(D) \$③ ☐ SOLE SURV. MIN. RATE
(ONLY REDUCE "R" FOR
MONTHS UNDER AGE 62) \$

13. SPOUSE MINIMUM GUARANTY R

① ☐ SPOUSE MIN. RATE FOR
COMP. :

\$

② ☐ SPOUSE MIN. RATE FOR
COMP. :

\$

14. EMPLOYEE ANN
RESTORED AMT./
WINDFALL
DATA

(A) EE'S 6-1974 PIA

AMW

\$

PIA

\$

YRS. COV.

(B) WIDOW'S 6-1974 PIA/OFFSET

AMW

\$

PIA

\$

DIFF. BETWEEN
PIA #21 AND #4

\$

(C) 1937 ACT RR FORMULA

NO
OFFSET
APPLIED
① ☐

RATE

\$

AMR

\$

INC. YRS.

(D) W'S EE A

(E) W'S RIB/D

20. NOTICE TO RESEARCH

☐ RESEARCH NOTIFIED☐ ITEMS ENTERED OR CIRCLED IN RED CHANGED☐☐☐☐

EXAMINER

DATE

22. CLAIMS EXAMINER

DATE

23. COMPUTER

DATE

24. AUTHORIZER

21. REMARKS

ARF + 9/16 COL

22. CLAIMS EXAMINER

DATE

23. COMPUTER

DATE

24. AUTHORIZER

DECEASED'S MARITAL STATUS AT DEATH ② <input type="checkbox"/> MARRIED ① <input type="checkbox"/> S.W.D. ③ <input type="checkbox"/> MARRIED ④ <input type="checkbox"/> S.W.D.				1974 ACT SURVIVOR ANNUITY COMPUTATION			
BIRTH		7. DATE OF DEATH		8. ORIG. BEG. DATE		15. IDENTIFYING INFORMATION	
						(A) EFFECTIVE DATE 11-1-76 6-1-76 10-1-75 8-1-76	
						(B) SYMBOL W W W	
SSA BENEFIT DATA				16. TIER I COMPUTATION			
OTHER	(G) SSA NO. SUF-FIX	(H) PIA	(I) REDUCTION EFFECTIVE		(A) ORIG. OR RED. FOR MAX. RATE (ROUND UP 10¢ IF NECESSARY)		
			MO.	YR.	(B) FIRST ADJUSTED RATE (ITEM 12(D), 12(E) OR 12(F) RATE)		
					(C) REDUCTION FOR: ① <input type="checkbox"/> EE ANN. NET TIER I <input type="checkbox"/> EE ANN. NET TIER I IS ZERO A _____ EE CLAIM NO.		
					② <input checked="" type="checkbox"/> SS BENEFIT		
					(D) NET TIER I AMT.		
WIDOW(ER)'S SOLE SURVIVOR MIN. COMP. (RIB LIMIT CANNOT APPLY) ITEM 16 (B) RATE CANNOT BE LESS THAN HIGHER OF:						246.50 246.50 231.60 231.60	
② <input type="checkbox"/> REG. MIN. PIA REDUCED FOR RF IN ITEM 12(D) \$ _____						246.50 246.50 231.60 231.60	
③ <input type="checkbox"/> SOLE SURV. MIN. RATE (ONLY REDUCE "R" FOR MONTHS UNDER AGE 62) \$ _____							
SPOUSE MINIMUM GUARANTY RATES:							
① <input type="checkbox"/> SPOUSE MIN. RATE FOR TIER II COMP. : \$ _____							
② <input type="checkbox"/> SPOUSE MIN. RATE FOR WF COMP. : \$ _____							
RR FORMULA				(D) W'S EE ANN ABD		17. TIER II COMPUTATION	
						(A) 30% X 16(A) OR 16(B)	
						(B) W'S EE ANN. RESTORED AMT. ① <input type="checkbox"/> ZERO	
						(C) ADDITIONAL AMOUNT: ① <input type="checkbox"/> SPOUSE MIN. ② <input type="checkbox"/> EQUALIZED AMT.	
						(D) NET TIER II AMT. 73.95 73.95 69.48 69.48	
						18. WINDFALL COMPUTATION	
						(A) 1976 WF AMOUNT ① <input type="checkbox"/> ZERO ② <input type="checkbox"/> ADDITIONAL WF SPOUSE MIN. ③ <input type="checkbox"/> 1974 WF AMOUNT	
						(B) NET WINDFALL AMT. 34.53 32.03 32.03 32.03	
						19. MONTHLY ANNUITY	
						(A) TOTAL OF 16(D), 17(D) AND 18(B)	
						(B) DEDUCTION FOR: ① <input type="checkbox"/> ACT. ADJ. ② <input type="checkbox"/> TEMP. WITHHOLDING RECOVERY DATE _____ ③ <input type="checkbox"/> WAIVER OF ANNUITY OVER \$ _____	
AUTHORIZER				DATE		(C) MONTHLY ANNUITY RATE 117.98 115.48 110.41 333.11	

TERMINATION, SUSPENSION AND ADJUSTMENT OF PAYMENTS

FOLDER RECORD

☒ ASSOCIATE WITH FOLDER AND FILE DOWN☐ FILE ONLYDATE ANNUITY
SUSPENDED OR
TERMINATED AND
PAYEE NOTIFIEDEILLEN CONDRON
44 LAKE ST
HAMDEN CT 06518

MAR 28, 1977

WD 299059

RRB CLAIM NO.

YOUR WIDOWS ANNUITY HAS BEEN INCREASED BECAUSE OF A RECENT
CHANGE IN THE RAILROAD RETIREMENT ACT.

THE INCREASE IS EFFECTIVE BEGINNING WITH THE MONTH OF NOVEMBER
1976. YOUR APRIL 1 PAYMENT FOR \$ 110.99 WILL INCLUDE THE
INCREASE PLUS THE BACK PAYMENT DUE YOU FOR PREVIOUS MONTHS. KEEP
IN MIND THAT YOUR NEXT PAYMENT WILL BE LOWER, BECAUSE THE APRIL 1
PAYMENT INCLUDES THE INCREASE DUE FOR FOUR MONTHS.

YOUR NEW MONTHLY PAYMENT WILL NOW BE FOR THE FOLLOWING AMOUNT:

REGULAR ANNUITY RATE	\$ 102.59
LESS MEDICARE PREMIUM	\$ <u>7.20</u>
NEW MONTHLY PAYMENT	\$ 95.39

IF YOU HAVE ANY QUESTIONS ABOUT THIS ADJUSTMENT, CONTACT THE
NEAREST OFFICE OF THE BOARD. IF YOU CALL IN PERSON, TAKE ALONG
THIS LETTER AND ANY OTHER MATERIAL YOU MAY HAVE REGARDING YOUR
CLAIM.

FORM NO. 6-363 (9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD						EXAMINER <i>L. Sneyer</i>		CLAIM NO. <i>D-299059</i>			
PAYMENT SUMMARY FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950						COMPUTER					
SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO.	RATE	FROM	TO	NO. MOS.	AMOUNT	NO.	RATE	FROM	TO	
<i>W</i>	<i>110.41</i>	<i>1-1-76</i>	<i>531-76</i>	<i>5</i>	<i>552.05</i>	<i>98.69</i>	<i>1-1-76</i>	<i>3-30-77</i>	<i>15</i>		<i>1480.35</i>
	<i>115.48</i>	<i>6-1-76</i>	<i>1031-76</i>	<i>5</i>	<i>577.40</i>						
	<i>117.98</i>	<i>11-1-76</i>	<i>530-77</i>	<i>7</i>	<i>825.86</i>						
									<i>O/P</i>		<i>396.14</i>
						<i>Smit</i>					<i>64.42</i>
						<i>7.20</i>	<i>5-1-77</i>	<i>630-77</i>	<i>2</i>		<i>14.40</i>

OK Kimmel/AL
MAR 14 1977

REMARKS: *To illustrate recovery Ann susp 4/77*

FORM NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

COMPUTER

CLAIM NO.

D-299059

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	110.41	11-1-75	12-31-75	2	220.82	320.89	9-1-75	9-30-75	1	320.89	396.14
						98.69	10-1-75	12-31-75	3	296.07	

OK
Lump Sum
MAR 14 1977

REMARKS: $\frac{1}{2}E = 9578$ 5 mos @ 298.92 = 2989.20 no partial mo.
2520 2 mos @ 320.89 = 1283.56 no earnings
7058 2 mos @ 333.11 = 1332.44 in 11/75 + 12/75
3 mos @ 110.41 = 662.40
6267.60

886788

X
X
X
X

X
X
X
X

110.41
.02
.00
220.82 T

NO. G-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

COMPUTER

CLAIM NO.

D-299059

SYMBOL	PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	110.41	11-1-75	12-31-75	2	220.82	320.89	9-1-75	9-30-75	1	320.89	396.14
						98.69	10-1-75	12-31-75	3	296.07	

OK
Lump Sum
MAR 14 1977

98.69
.03
.00
296.07 T
220.82
320.89 -
296.07 -
396.14 TC

3. TIER II EE ANN RESTORED AMOUNT

1. RRB CLAIM NUMBER

- 1937 ACT RR FORMULA WORKSHEET. USE FOR
- ☐ TIER II EE ANN RESTORED AMOUNT
- ☐ EITHER EE OR W HAS 10 YRS RR SERVICE BEFORE 1975 AND
- ☐ W ENTITLED TO EE ANN.
- ☒ 1976 WINDFALL AMOUNT
- ☐ EE HAS 10 YRS RR SERVICE BEFORE 1975 AND
- ☐ W FULLY OR TRANSITIONALLY INSURED ON 12-31-74

DOE _____

LATER OF WIA OBD OR EE ANN ABD BUT NOT BEFORE 11-1-76.

4. 1976 WINDFALL AMOUNT

- A. DOE 1-1-76 AGE 62
- B. PAYMENT OF 1976 WF AMOUNT LATER OF WF DOE OR RIB/DIB DOE BUT NOT BEFORE 11-1-76 11-1-76 DF

2. WIDOW'S:

DOB

WIA OBD

W'S EE ANN ABD

RIB/DIB DOE

DATA FOR COMPUTATION

5. PIA - COMBINED RR AND SS EARNINGS 12-31-74 CD (PIA NO. 8 - G90 ITEM 7A)

A. 6-74 AMW PIA B. 3-74 SPC MIN PIA

AMW	PIA	YRS COV	PIA
\$	\$		\$

6. SPC MIN PIA PASS-THRU INCREASE TEST IF PIA IN ITEM 5A IS LESS THAN \$189.90 DECONVERT IT TO A 9-72 PIA AND THE PIA IN ITEM 5B TO A 1-73 SPC MIN PIA. ENTER PIA'S IN THE BLOCKS BELOW:

AMW PIA	9-72	6-74	INCREASE
SPC MIN PIA	1-73	3-74	\$ <u> </u>

IF THE 1972 PIA EXCEEDS THE 1-73 SPC MIN PIA COMPUTE THE PERCENTAGE INCREASE IN ITEM 14.

IF THE 1-73 SPC MIN PIA EXCEEDS THE 9-72 PIA THE INCREASE IS THE LARGER OF:

- ① THE DIFFERENCE BETWEEN THE 1-73 SPC MIN PIA AND THE 6-74 PIAS; OR
- ② THE DIFFERENCE BETWEEN THE 1-73 AND THE 3-74 SPC MIN PIAS; OR
- ③ THE MINIMUM P.T. INCREASE OF \$9.30

7. PIA-WIDOW'S SS EARNINGS 12-31-74 CD (PIA 21 - G-90 ITEM 7A)

6-74 AMW PIA

AMW	PIA
\$	\$

8. SS BEN. FOR 1968 AND 1970 COMP OFFSET (REQUIRED UNLESS W'S EE ANN. WF PIA EQUALS PIA IN ITEM 7)

- A. 1969 SS BENEFIT:
- ☐ 68.25% X PIA IN ITEM 7
- ☐ 68.25% X _____ DIFF. BETWEEN PIA IN 7 AND W'S EE ANN WF PIA
- ☐ \$46 IF TRANSITIONAL BEN.
- \$ _____
- B. 1967 SS BENEFIT:
- ☐ 7% X RATE IN A.
- \$ _____
- C. ☐ NO OFFSET

9. TABLE INCREASE - ENTER INCREASE IN ITEM 11A. BASED ON AMW IN ITEM 5A.

AMW	INCREASE	AMW	INCREASE
UP TO \$100	\$ 7.53	\$351 - 400	\$16.06
101 - 150	9.26	401 - 450	17.24
151 - 200	10.62	451 - 500	18.60
201 - 250	12.07	501 - 550	19.87
251 - 300	13.34	551 - 600	22.96
301 - 350	14.70	OVER 600	25.95

1937 ACT COMPUTATION

10. BASIC AMOUNT (G-90 ITEM 6C)

11. A. TABLE INCREASE (FROM ITEM 9)
- B. SS BEN. REDUCTION 17.3% X ITEM 8B.
- C. NET INCREASE A MINUS B. IF RESULT IS \$5 OR MORE ADD IT TO ITEM 10 AND SKIP TO 12. IF NOT, COMPLETE E. AND F.
- D. MINIMUM INCREASE \$5.00
- E. SS BEN. REDUCTION 5.8% X ITEM 8B OR 10 WHICHEVER IS LESS.
- F. NET INCREASE D MINUS E. IF RESULT IS MORE THAN ITEM C. ADD IT TO ITEM 10. IF NOT, ADD ITEM C TO ITEM 10.

12. A. 15% X 1968 COMP RATE OR \$25 IF LESS. IF LESS THAN \$5 ADD TO 1968 COMP RATE AND SKIP TO 13. IF NOT, COMPLETE B AND C.
- B. SS BENEFIT REDUCTION 13% X ITEM 8A.
- C. NET INCREASE A MINUS B. ADD RESULT OR \$5 WHICHEVER IS HIGHER TO 1968 COMP RATE

13. COMBINED 10% - 20% INCREASE 132% X ITEM 12 1970 COMP RATE

14. PASS-THRU INCREASE
- ☐ 9.9099% X PIA IN ITEM 5A.
- ☐ SPC MIN PIA INCREASE IN ITEM 6

15. 1937 ACT RR RATE ITEM 13 PLUS 14 (5¢ ROUND IF NECESSARY)

16. A. TIER II RESTORED COMP COL INC. MULTIPLY ITEM 15 BY _____ %, CUMULATIVE PERCENTAGE OF INCREASE AFTER 1974 THRU THE LATER OF W'S EE ANN. ABD OR WIA OBD:

DATE

- B. 1976 WINDFALL COMP COL INC. MULTIPLY ITEM 15 BY 108 %, CUMULATIVE PERCENTAGE OF INCREASE AFTER 1974 THRU THE LATER OF W'S RIB/DIB DOE OR WIA OBD:

DATE

17 EE ANN RESTORED

A. 1937 ACT RATE FROM ITEM 15 OR 16B.

B. TOTAL ON G-364.1 (16(D) + 17(A)) ON 1-1975, WIA OBD OR ANNUITY ABD

C. RESTORED AMOUNT A. MINUS B. ENTER G-364.1 OR G-364.2

18. 1976 WINDFALL

A. 1937 ACT RATE FROM 15 OR 16B.

B. TOTAL ON G-364.1 (16(D) + 17(A)) LATER OF WF DOE RIB/DIB DOE

C. 1976 WINDFALL A. MINUS B. ENTER G-364.1 OR G-364.2

19. REMARKS

EXAMINER

COMPUTER

-76)		3. TIER II EE ANN RESTORED AMOUNT		1. RRB CLAIM NUMBER	
EET. USE FOR OUNT RR SERVICE		DOE _____ LATER OF WIA OBD OR EE ANN ABD BUT NOT BEFORE 11-1-76.		<div>D</div> <div>299059</div>	
BEFORE 1975 AND LY INSURED		4. 1976 WINDFALL AMOUNT		2. WIDOW'S:	
		A. DOE <u>1-1-75</u> AGE 62 B. PAYMENT OF 1976 WF DF AMOUNT LATER OF WF DOE OR RIB/DIB DOE BUT NOT BEFORE 11-1-76 <u>11-1-76</u>		DOB WIA OBD W'S EE ANN ABD. RIB/DIB DOE	
TION		1937 ACT COMPUTATION		17 EE ANN RESTORED COMP.	
EARNINGS ITEM 7A)		10. BASIC AMOUNT (G-90 ITEM 6C)		A. 1937 ACT RATE FROM ITEM 15 OR 16A.	
SPC MIN PIA		11. A. TABLE INCREASE (FROM ITEM 9)		B.	
V PIA		B. SS BEN. REDUCTION 17.3% X ITEM 8B.		TOTAL ON G-364.1 OR G-364.2 (16(D) + 17(A)) ON LATER OF 1-1975, WIA OBD OR W'S EE ANNUITY ABD	
\$		C. NET INCREASE A MINUS B. IF RESULT IS \$5 OR MORE ADD IT TO ITEM 10 AND SKIP TO 12. IF NOT, COMPLETE E. AND F.		C. RESTORED AMOUNT A. MINUS B. ENTER ON G-364.1 OR G-364.2(17(B))	
CREASE TEST IAN \$189.90 A AND THE PIA N PIA. BELOW: INCREASE \$ _____ 11123		D. MINIMUM INCREASE \$5.00		18. 1976 WINDFALL COMP.	
1-73 SPC MIN E INCREASE		E. SS BEN. REDUCTION 5.8% X ITEM 8B OR 10 WHICHEVER IS LESS.		A. 1937 ACT RATE FROM 15 OR 16B.	
DS THE 9-72 GER OF:		F. NET INCREASE D MINUS E. IF RESULT IS MORE THAN ITEM C. ADD IT TO ITEM 10. IF NOT, ADD ITEM C TO ITEM 10.		B. TOTAL ON G-364.1 OR G-364.2 (16(D) + 17(D)) ON LATER OF WF DOE OR W'S RIB/DIB DOE	
EN THE 1-73 PIAS; OR		12. A. 15% X 1968 COMP RATE OR \$25 IF LESS. IF LESS THAN \$5 ADD TO 1968 COMP RATE AND SKIP TO 13. IF NOT, COMPLETE B AND C.		C. 1976 WINDFALL AMOUNT A. MINUS B. ENTER ON G-364.1 OR G-364.2(18(A))	
EN THE 1-73 PIAS; OR		B. SS BENEFIT REDUCTION 13% X ITEM 8A.		19. REMARKS	
ASE OF \$9.30		C. NET INCREASE A. MINUS B. ADD RESULT OR \$5 WHICHEVER IS HIGHER TO 1968 COMP RATE		10/75	
2-31-74 CD		13. COMBINED 10% - 20% INCREASE 132% X ITEM 12 1970 COMP RATE			
COMP OFFSET N. WF PIA		14. PASS-THRU INCREASE <input type="checkbox"/> 9.9099% X PIA IN ITEM 5A. <input type="checkbox"/> SPC MIN PIA INCREASE IN ITEM 6			
B. 1967 SS BENEFIT:		15. 1937 ACT RR RATE ITEM 13 PLUS 14 (5 ¢ ROUND IF NECESSARY)		104.55	
7% X RATE IN A.		16. A. TIER II RESTORED COMP COL INC. MULTIPLY ITEM 15 BY _____ %, CUMULATIVE PERCENTAGE OF INCREASE AFTER 1974 THRU THE LATER OF W'S EE ANN. ABD OR WIA OBD:			
NO OFFSET		DATE			
INCREASE IN N ITEM 5A.		B. 1976 WINDFALL COMP COL INC. MULTIPLY ITEM 15 BY <u>108</u> %, CUMULATIVE PERCENTAGE OF INCREASE AFTER 1974 THRU THE LATER OF W'S RIB/DIB DOE OR WIA OBD:			
MW INCREASE		DATE		EXAMINER DATE	
-400 \$16.06		10/1/75		COMPUTER DATE	
-450 17.24		112.91			
-500 18.60					
-550 19.87					
-600 22.96					
600 25.95					

COMPUTATION OF REDUCED-AGE SSA FORMULA
RATE - DECEASED EMPLOYEE OR WIDOW(ER)

REG	PIA	EFF	DATES
PIA	EFF	PIA	EFF
'58	1-1959	'71	1-1971
'65	1-1965	'72	9-1972
'67	2-1968	3-74	3-1974
'69	1-1970	6-74	6-1974

SPEC MIN EFF DATES

1-1973

3-1974

NOTE: INCREASE(S) WILL BE BASED ON
THE SPEC MIN PIA IF 1-73 SPEC
MIN PIA EXCEEDS 9-72 REG PIA.

1.

CLAIM NUMBER

D-299059

TYPE OF BENEFICIARY

☐ DECEASED ☒ AGED ☐ DISABLED
EMPLOYEE ☒ WIDOW(ER) ☐ WIDOW(ER)
(FICT. RIB)

BENEF. DOB

MO	DAY	YR
8	20	10

BENEF. DOE

MO	DAY	YR
1	1	75

2. APPLICABLE PIA'S

6/76 PIA	6/75 PIA	6/74 PIA	PIA	PIA	PIA
246.50	231.60	214.40			
PIA	PIA	PIA	PIA	PIA	PIA
231.60	214.40				
INCREASE	14.90	17.20			

3.	RF'S	YR.	MO.	YR.	MO.	YR.	MO.	YR.	MO.	YR.	MO.	YR.	MO.
AGE 65 ATTAINMENT		75	8	75	8	75	8						
DOE/EFF. DATE OF PIA INCR				75	6	75	0						
RF (MOS.)			0		2		7						
PERM WD.'S (SUBTR. FROM RF)			0		2		7						
ADJ. RF					0		0						

4. CALCULATION OF RED. FOR AGE RATE

☒ BEFORE THE ARF ☐ NO ARF

PIA/ INCREASE	RF	ADJ RATE/ INCREASE
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
TOTAL (FIRST ADJ BENEFIT)		\$ _____

5. CALCULATION OF RED. FOR AGE RATE

☒ AFTER ARF

PIA/ INCREASE	ADJ RF	ADJ RATE/ INCREASE
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
\$ _____		= \$ _____
TOTAL (FIRST ADJ BENEFIT)		\$ _____

REMARKS w/d's 1/75 - 7/75 = 7

EXAMINER

DATE

COMPUTER

DATE

TERMINATION, SUSPENSION AND ADJUSTMENT OF PAYMENTS

Per Rhyder
5-19-75

FOLDER RECORD

☒ ASSOCIATE WITH FOLDER AND FILE DOWN☐ FILE ONLYDATE ANNUITY
SUSPENDED OR
TERMINATED AND
PAYEE NOTIFIEDEILLEN CONDRON
44 LAKE ST
HAMDEN CT 06518

APRIL 27, 1976

WD 299059

RRB CLAIM NO.

WE WILL BEGIN DEDUCTING YOUR MEDICARE PREMIUM FROM YOUR MONTHLY PAYMENTS, STARTING WITH YOUR NEXT CHECK.

PREMIUMS FOR THE PERIOD FEBRUARY THROUGH MAY ARE DUE. THESE PREMIUMS WILL BE DEDUCTED FROM THE CHECK YOU RECEIVE IN MAY.

THE DEDUCTION FROM SUCCEEDING CHECKS WILL BE FOR ONE MONTH'S PREMIUM, WHICH IS \$6.70.

THIS ADJUSTMENT MAY DELAY DELIVERY OF YOUR NEXT CHECK BY A FEW DAYS.

0	—	—	—	2	9	9	0	5	9
---	---	---	---	---	---	---	---	---	---

CC-MN 21

COLUMN 23

COLUMN 24

(COMPLETE IF COL. 21 IS "3" "7" OR "8")
APPLICATION NUMBER

RECEIPTS

DISPOSITION

SECTION II - TICKLER DATES

SECTION III - REOPENING DATA

REOPENED UNDER B.O.

DATE _____

SIGNATURE _____

SECTION IV-

NAME AND ADDRESS OF
OTHERS TO BE NOTIFIED

01 13 76 116

NO.

WD 29905

DETERMINATION OF AWARD INSURANCE ANNUITY (PAYMENT)

1. VOUCHER NO.

2. TYPE OF PAYMENT

- ☐ CONSTRUCTIVE AWARD
☐ ONE PAYMENT ONLY
☒ RECURRING PAYMENT

4. DECEASED EMPLOYEE

JAMES P. CONDRON

5. EMPLOYEE'S

SSA NO.

71003196

SECTION 1

6. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	\$ 320.89	9-1-75	9-30-75	1	\$ 320.89						
	98.69	10-1-75	12-31-75	3	296.07						
						RECOVERY ④ <input type="checkbox"/> RUIA					
						FOR: ② <input type="checkbox"/> SUP			SSA		
7. SMIB CODE	8. SMIB EFF. DATE	SMIB PREMIUM →									

9. CERTIFICATION OF PAYMENT

CONTROL DATE OF BIRTH 08 20 10

LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE												LAST MO. CHECK RATE	\$		PAYEE CODE
1	E I L L E E N	C O N D R O N															① <input type="checkbox"/> A. Court Appointed payee
2	#44	L A K E	S T														② <input type="checkbox"/> B. Payee-neither court appointed nor parent for child.
3	H A M D E N	C T	06517														③ <input type="checkbox"/> C. Parent for Child
4																	11. SUSPEND EFF.
5																	G-96 CODE <input type="checkbox"/>

SECTION 2

12. PAYMENT SUMMARY

SYM	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
	\$				\$	\$				\$	\$
						RECOVERY ④ <input type="checkbox"/> RUIA				SSA	\$
						FOR: ② <input type="checkbox"/> SUP					\$
13. SMIB CODE	14. SMIB EFF. DATE	SMIB PREMIUM →									

15. CERTIFICATION OF PAYMENT

CONTROL DATE OF BIRTH

15. CERTIFICATION OF PAYMENT																	PAYEE CODE	
LINE	PAYEE CODE	NAME & ADDRESS OF PAYEE										LAST MO. CHECK RATE	\$	① <input type="checkbox"/> A. Court Appointed payee				
1												MO. RATE OR SHARE	\$	② <input type="checkbox"/> B. Payee-neither court appointed nor parent for child.				
2												SMIB PREMIUM	\$	③ <input type="checkbox"/> C. Parent for Child				
3												MO. CHECK RATE	\$					
4												NET AMOUNT PAID	\$	17. SUSPEND EFF.				
5												16. BAL. CONTROL	\$	G-96 CODE <input type="checkbox"/>				

18. REMARKS

RL 43 A509, A102

SPIP

* No smib this cert.

No ann payable in 74, 060 moved to 11/1/75.
 No ann payable in 75 before 9/75 8TWD applied.

19. CLAIMS EXAMINER

DATE

20. COMPUTER

DATE

21. AUTHORIZER

DATE

J. Kucera 277 12/18/75

M. Herburger 227 12-29-75

01 13 76 1164

WD 299059

DETERMINATION OF
AWARDINSURANCE ANNUITY
(COMPUTATION)

2.

- ☒ FINAL CERT. ☐ SUSP./REINSTATE
☐ PARTIAL CERT. ☐ REINST.-RECERT.
☐ RECERT. ☐ SUSP./REINSTATE RECERT.
☐ REINSTATE. ☐ FORM PARTIALLY COMPLETED.

4. DECEASED EMPLOYEE

JAMES P. CONDRON

5. EMPLOYEE'S
SSA NO.

7 1 0 0 3 1 9 6 6

6. EMPLOYEE'S MARITAL STATUS AT DEATH

MALE ☐ ☒ MARRIED ☐ S. W. D.
 FEMALE ☐ ☒ MARRIED ☐ S. W. D.

7. DATE OF BIRTH

2-96.

8. DATE OF DEATH

6-55

9. ORIG. BEG. DATE

1-1-75

10. PORTION OF
ANN. WAIVED☒11. BENEFICIARY
DATA

(C)

RELATIONSHIP/
NAME

(D)

DATE
OF
BIRTH

(E)

CHECK

SSA BENEFIT DATA

(A) PC (B) SYM.

NAME

DATE
OF
BIRTH

OWN

SSA NUMBER
OWN OR OTHER

O-FIRE

(F) SSA
NO.
SUFFIX(G) YRS.
COV./
AMW

(H) PIA

(I) RED.
EFFECTIVE
MO. YR.

1	W	WIDOW	02-20-10	X	042	30	0441	A	\$222.70	10	75
									\$		
									\$		
									\$		
									\$		

12.

T
I
E
R
1
D
A
T
A

(A) REG. PIA

AMW \$ 300
PIA \$ 231.60 #

(B) SPEC. MIN. PIA

YRS. COV. 19
PIA \$

(C) SSA MAX.

- ☐ REG. TABLE \$
☐ SAV. CLAUSE \$
☐ SPEC. MIN. \$
☐ REDET. SC. \$

(D) REDUCED AGE RATE CALCULATION

PIA/ INCREASE RF ADJUSTED RATE/ INCREASE
 \$ 214.40 9 = \$ 205.30
 \$ 17.20 4 = \$ 16.90
 \$ = \$

ADJUSTED RATE
ENTER IN 16 (B) \$ 222.20

(E) RIB LIMIT ON WIA

- ☐ EE'S RED RATE \$
 AMW \$ PIA \$
 YRS. COV \$
☒ 82½ % X PIA \$
 (PIA IN ITEM 12(A) OR 12(B))

(F) WIDOW(ER)'S SOLE SURVIVOR COMP.
(RIB LIMIT CANNOT APPLY)
ITEM 16(B) CANNOT BE
LESS THAN HIGHER OF:

- ☐ REG. MIN. PIA REDUCED
FOR RF SHOWN IN
ITEM 12 (D).
☒ SOLE SURVIVOR MIN.
(ONLY REDUCE "R" FOR
MONTHS UNDER AGE 62)

13

T
I
E
R
2

SPOUSE MIN. GUARANTY RATE

☐ \$14. W
I
D
O
W
D
A
T
A

(A) EE'S 6-74 PIA

AMW \$ 300
PIA \$ 214.40
YRS. COV. 19

(B) WIDOW'S 6-74 PIA

AMW \$
PIA \$ 206.20
YRS. COV. 9

(C) 1937 ACT RR FORMULA

RATE \$ 109.55
AMR \$ 154
INC. YRS. 14

(D) EE'S ABD

(E) WF DOE

1-75

20. REVISED RESEARCH DATA

- ☐ RESEARCH NOTIFIED
☐ ITEMS ENTERED OR CIRCLED IN RED CHANGED

EXAMINER

DATE

21. REMARKS

6/74 pia 214.40

22. CLAIMS EXAMINER

DATE

23. COMPUTER

DATE

24. AUTHORIZER

DATE

277 Rewora

12/18/75

227
m Herburger

12-29-75

9059

1974 ACT SURVIVOR ANNUITY COMPUTATION

10000

1966

TE 10. PORTION OF
ANN. WAIVED
③ ☐

BENEFIT DATA

(H)	(I)
PIA	RED. EFFECTIVE MO. YR.
\$222.70	10 75
\$	
\$	
\$	
\$	
\$	

E SURVIVOR COMP.
NOT APPLY)
NOT BE
HER OF:REDUCED
OWN INOR MIN.
CE "R" FOR
ER AGE 62)

GUARANTY RATE

A (D) EE'S ABD

(E) WF DOE

1-75

DATE

227
12-27-75

15. IDENTIFYING INFORMATION					
A) EFFECTIVE DATE		10/15	11/15	12/15	
(B) PAYEE CODE		1	1	1	
(C) SYMBOL		W	W	W	
16. TIER 1 COMPUTATION					
(A) ORIG. OR RED FOR MAX RATE (ROUND UP 10¢ IF NECESSARY)		231.60	231.60	214.40	
(B) FIRST ADJUSTED RATE		222.20	222.20	205.30	
(C) REDUCTION FOR:					
① <input type="checkbox"/> EE TIER 1 AMT.					
A _____					
EE CLAIM NO.					
② <input checked="" type="checkbox"/> SS BENEFIT		222.70			
(D) TIER 1 AMOUNT		0			
17. TIER 2 COMPUTATION					
(A) 30% X 16(A) OR 16(B)					
(B) ADDITIONAL AMOUNT:					
① <input type="checkbox"/> SPOUSE MIN.					
② <input type="checkbox"/> EQUALIZED AMOUNT					
(C) TIER 2 AMOUNT 30% X 16(A) OR 16(B); OR 17 (A) PLUS 17 (B)		66.66	66.66	61.59	
18. WINDFALL AMOUNT					
ENTER AMT. FROM FORM G-364C					
① <input type="checkbox"/> ZERO		320.3	320.3	320.3	
19. MONTHLY ANNUITY					
(A) TOTAL OF TIER 1 (16 (D))					
TIER 2 (17 (C))					
WINDFALL (18)					
(B) ① <input type="checkbox"/> ACT. ADJ.					
② <input type="checkbox"/> TEMP. WITHHOLD					
RECOVERY DATE					
(C) MONTHLY ANNUITY RATE		\$ 98.69	320.89	298.92	

**SPECIAL INSTRUCTIONS TO
PAYMENT AND NOTIFICATION UNIT**

U.I. CLEARANCE CLERK:
☐ SHOW ON G-259:

☐ SSA BENEFITS \$ _____

EFF. _____

☐ RUIA AMOUNT PREVIOUSLY

REQUESTED \$ _____ .

☐ *Spec P*
☐ NO G-259
AWARD TYPIST:

*Your annuity beginning date is 1/1/75,
the earliest beginning date your earnings
would allow.*

*Based on your estimated earnings of
\$6,800.00 in 1975, no annuity was
payable before 9/1/75.*

*Effective 10/1/75 your annuity rate
was adjusted to \$ 98.69, due to your
social security benefit entitlement.*

RRB FORM G-364 c (1-75)

TIER 3 WORKSHEET FOR WIDOW OR WIDOWER

USE When - EE has 10 YRS RR SERVICE Before 1975 And
- W Fully Insured under SS Act on 12-31-74

DATA FOR COMPUTATION

5. PIA - COMBINED RR AND SS EARNINGS - 12-31-74 CD
(PIA No. 8 - G-90, Item 7A)

A. 6-74 AMW PIA		B. 3-74 SPC MIN. PIA	
AMW	PIA	YRS. COV.	PIA
\$ 300	\$ 214.40	19	\$

6. SPC MIN PIA PASS-THRU INCREASE TEST.

If PIA in Item 5A is less than \$189.90, deconvert it to a 9-72 PIA and the PIA in item 5B to a 1-73 SPC MIN PIA. Enter PIA's in the blocks below.

AMW PIA	9-72	6-74	INCREASE
	\$	\$	\$
SPC MIN PIA	1-73	3-74	
	\$	\$	<input type="checkbox"/> ① <input type="checkbox"/> ②

• If the 9-72 PIA exceeds the 1-73 SPC MIN PIA, compute the percentage increase in Item 15.

• If the 1-73 SPC MIN PIA exceeds the 9-72 PIA the increase is the larger of:

① The difference between the 1-73 SPC MIN PIA and the 6-1974 PIA; or

② The difference between the 1-73 and the 3-74 SPC MIN PIA's.

7. PIA - WIDOW'S SS EARNINGS - 12-31-74 CD.
(PIA No. 21 - G-90, Item 7A).

A. 6-74 AMW PIA		B. 3-74 SPC MIN. PIA	
AMW	PIA	YRS. COV.	PIA
\$	\$ 206.20	9	\$

8. SS BENEFIT FOR 1968 and 1970 COMP. OFFSET
BASED ON PIA IN Item 7A.

A. 1969 SS BEN. 68.25% X PIA	B. 1967 SS BEN. 87% X RATE IN A.
\$ 140.73	\$ 122.44

9. TABLE INCREASE

ENTER INCREASE IN Item 10A BASED ON AMW IN Item 5A

AMW	INCREASE	AMW	INCREASE
UP TO \$100	\$ 7.53	\$351 - 400	\$ 16.06
101 - 150	9.26	401 - 450	17.24
151 - 200	10.62	451 - 500	18.60
201 - 250	12.07	501 - 550	19.87
251 - 300	13.34	551 - 600	22.96
301 - 350	14.70	OVER 600	25.95

1. RRB
CLAIM NO.

WD

299059

2. TIER 3 DATE OF
ENTITLEMENT

9-74

3. BASIS FOR
ENTITLEMENT
☒ AGE 62 OR OVER
☐ DISABILITY
☐ FREEZE
4. DATE OF
BIRTH

10-20-10

1937 ACT COMPUTATION

10. BASIC AMOUNT

(G-90, Item 6C)

\$ 56.33

11. A. TABLE INCREASE
(From Item 9)

\$ 13.34

B. SS BEN. REDUCTION
12.3% X Item 8B

21.18

C. NET INCREASE

A minus B. If result is \$5 or more add it to Item 10 and skip to 12. If not, complete E. and F.

0

D. MINIMUM INCREASE

\$ 5.00

E. SS BEN. REDUCTION

5.8% X Item 8B or 10 whichever is less.

3.27

F. NET INCREASE

D minus E. If result is more than Item C add it to Item 10. If not, add Item C to Item 10.

1.73

58.06

12. A. 15% X 1968 COMP Rate or \$25 if less.

If less than \$5 add to 1968 COMP rate and skip to 13. If not, complete B. and C.

\$ 8.71

B. SS BEN. REDUCTION

13% X Item 8A

18.30

C. NET INCREASE

A minus B. Add result or \$5 whichever is higher to 1968 COMP Rate.

5.00

0

63.06

13. 1971 COMP RATE

110% X 1970 COMP Rate

69.37

14. 1972 COMP RATE

120% X 1971 COMP Rate

83.24

15. PASS-THRU INCREASE

☒ 9.9099% X PIA in Item 5A
☐ SPC MIN PIA increase in Item 6.

21.25

16. A. 1937 ACT RR RATE

Item 14 plus 15. (5¢ round if necessary)

104.49

104.55

B. PIA in Item 7A or B whichever is higher.

206.20

C. Total BENEFITS

A plus B

310.75

D. 130% X PIA in item 5A or B whichever is higher.

278.72

E. Tier 3 AMOUNT (Before COL INCREASE)

C minus D

32.03

F. COL INCREASED TIER 3 AMOUNT

Multiply E by _____%, the cumulative percentage of increases after 1974 but prior to EE's ABD or if earlier, EE's DOD.

EXAMINER

DATE

COMPUTER

DATE

Jes. Ruiera 10/18/15

CHECK LIST FOR
SURVIVOR APPLICATIONS

1. TO D/O:

New York, New York

2. DATE

7/22/75

3. RRB CLAIM NO.

D299059

4. NAME OF DECEASED EMPLOYEE

James P. Condron

5. SSA NO.

710-03-1966

6. EMPLOYEE DIED:
COMPLETELY (FULLY) INSURED
☐ RRB ☐ SSA ☐ NEITHER

7. DOD

6/29/55

8. LAST RAILROAD EMPLOYER

NY, NH & H

9. ☐ WIA BEING
PAID AT MA
RATE10. CHECK OUTSTANDING
DATED:

11. D/O

N.Y. N.Y.

12. DATE

1002x

13. ☐ FAST PAY CASE☐ HQ
SELECTED☐ FIELD SELECTED
ADVANCE NOTICE SENT☐ FIELD SELECTED
NO ADVANCE NOTICE14. bd NAME, ADDRESS, AND TELEPHONE
NUMBER OF SURVIVOR(S) OR APPLICANT(S)DATE
OF
BIRTHRELATION-
SHIP OR
TITLE

REQ.

RECEIVED
PER-
SON

MAIL

EMP.

FORM
NUMBER

Eileen Condron

8/22/10

widow

x

x

AA17

44 Lake St.

Hamden, Connecticut

06517

203-288-7342

15.

REQUIRED FORMS AND DOCUMENTS

ATT.

PREV.
SUB.TO BE
SUB.☒

POD

☒☒POM
DOM:☒☒

POA AND/OR POR OF:

widow

☒☒

G-476 a

☒

RL-94-F

RL-113

POM/S

PO PAYMENT
B/E:PO PAYMENT
LI/E:PO APPT.
LEGAL REP.DEPEND. STATEMENT
OF PARENT OR G-467

16. REMARKS

W sent us a letter stating she's
retiring in 10/75, wld like
to get aly pens due her.
Ples dew. for WIA. B-85 was sent
to widow.
Widow formerly rec'd a WIA.

G-502 furnished.

thanks A Steffy X4671

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90☐
☐ G-73a not released

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARDAPPLICATION FOR WIDOW'S OR
WIDOWER'S INSURANCE ANNUITY

RRB Claim No.

PREF

D 299059

Deceased employ-
ee's SSA No.

710031966

Field Office No.

201

Officially filed.

MO.

DAY

YR.

093075

By

1 Print APPLI-
CANT'S NAME
(FIRST, MIDDLE
INITIAL, LAST)

EILEEN CONDRON

2 Print DE-
CEASED
EMPLOYEE'S
NAME (FIRST,
MIDDLE INITIAL,
LAST)

JAMES P CONDRON

3 Employee's date of birth

MO. DAY YR.

030296

4 Employee's date of death

MO. DAY YR.

062955

5 Was the employee unable to work because of a disabling condition at the
time of his death?

YES

NO

X

If "Yes," enter the date he became disabled.

MO. DAY YR.

6 (a) Was the employee in active military service after September 7, 1939?

YES

NO

X

If "Yes," complete (b) and (c):

(b) Give branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE	BEGAN			ENDED		
	MO.	DAY	YR.	MO.	DAY	YR.

(c) Has anyone received or does anyone expect to receive benefits from any
other Federal agency based on this military service?

YES

NO

If "Yes," complete the following:

NAME OF AGENCY	CLAIM NO.	DATE BENEFITS BEGAN		
		MO.	DAY	YR.
KIND OF BENEFITS	MONTHLY RATE \$			

7 List all employment for hire performed by the employee during the last 3 years in which he worked:

NAME AND ADDRESS OF EMPLOYER	BEGAN		ENDED	
	MO.	YR.	MO.	YR.
See Board Records				

8 Was the employee self-employed this year, last year, or the year before? YES NO ☒

If "Yes," complete the following:

CHECK THE YEAR OR YEARS IN WHICH THE EMPLOYEE WAS SELF-EMPLOYED	IN WHAT KINDS OF TRADE OR BUSINESS WAS THE EMPLOYEE SELF-EMPLOYED?	EMPLOYEE'S NET EARNINGS FROM HIS TRADE OR BUSINESS (Check ONE)	
		LESS THAN \$400	\$400 OR OVER
<input type="checkbox"/> THIS YEAR			
<input type="checkbox"/> LAST YEAR			
<input type="checkbox"/> YEAR BEFORE LAST			

9 Give the following information about each marriage of the employee including the marriage in effect when the employee died:

MARRIAGE		TO WHOM MARRIED	MARRIAGE ENDED		
DATE	PLACE		HOW (Check ONE)	DATE	PLACE
05/16/33	NEW HAVEN CT	EILEEN O'NEILL	DEATH <input checked="" type="checkbox"/>	06/29/55	NEW HAVEN CT
			DIVORCE <input type="checkbox"/>		
			ANNULMENT <input type="checkbox"/>		
			DEATH <input type="checkbox"/>		
			DIVORCE <input type="checkbox"/>		
			ANNULMENT <input type="checkbox"/>		
			DEATH <input type="checkbox"/>		
			DIVORCE <input type="checkbox"/>		
			ANNULMENT <input type="checkbox"/>		

10 Applicant's date of birth MO. DAY YR. 10 20 10

11 If you are now, or were in the month of the employee's death, age 50-63, are you permanently disabled for any regular employment? YES NO ☒

12 (a) Was your marriage to the employee performed by a clergyman or authorized public official? YES ☒ NO ☐

If "No," explain: _____

(b) Have you ever been married to anyone other than the employee? YES NO ☒
If "Yes," give the following information about each of your other marriages:

MARRIAGE		TO WHOM MARRIED AND SSA NUMBER*	MARRIAGE ENDED		
DATE	PLACE		HOW (Check ONE)	DATE	PLACE
		NAME	DEATH <input type="checkbox"/>		
		SSA NO.	DIVORCE <input type="checkbox"/>		
			ANNULMENT <input type="checkbox"/>		
		NAME	DEATH <input type="checkbox"/>		
		SSA NO.	DIVORCE <input type="checkbox"/>		
			ANNULMENT <input type="checkbox"/>		
		NAME	DEATH <input type="checkbox"/>		
		SSA NO.	DIVORCE <input type="checkbox"/>		
			ANNULMENT <input type="checkbox"/>		

*If SSA No. is unknown, give former spouse's:

Date and place of birth: _____

Father's name: _____

Mother's maiden name: _____

13 If you are the employee's widow, give your maiden surname:

O'NEILL

14 (a) Were you and the employee living together at the same address when the employee died? YES ☒ NO ☐

If "No," complete (b) and (c):

(b) Give:

DATE SEPARATION BEGAN REASON FOR SEPARATION

14 (a) Were you and the employee living together at the same address when the employee died? YES ☒ NO ☐

If "No," complete (b) and (c):

(b) Give:

DATE SEPARATION BEGAN REASON FOR SEPARATION

(c) Was the employee contributing to your support or required to do so when he (she) died? YES ☐ NO ☐

15 Was the employee survived by any natural children, adopted children, stepchildren, or dependent grandchildren who are now, or were in the month of the employee's death, unmarried and:

(a) Under age 18; or,

(b) Age 18 to 23 and attending school full-time; or,

(c) Age 18 or older who became permanently disabled before age 22.

YES ☐ NO ☒

If "Yes," complete the following:

NAME AND ADDRESS OF CHILD	DATE OF BIRTH			IF CHILD IS AGE 18 OR OLDER, CHECK APPROPRIATE BOX
	MO.	DAY	YR.	
				<input type="checkbox"/> FULL-TIME STUDENT
				<input type="checkbox"/> BECAME DISABLED BEFORE 22
				<input type="checkbox"/> FULL-TIME STUDENT
				<input type="checkbox"/> BECAME DISABLED BEFORE 22
				<input type="checkbox"/> FULL-TIME STUDENT
				<input type="checkbox"/> BECAME DISABLED BEFORE 22

16 Enter your social security number 0 4 2 3 0 0 4 4 1

17 Are you receiving (or have you applied for) monthly benefits under the Social Security Act based on your own or any other person's employment? YES ☒ NO ☐

If "Yes," complete the following:

NAME OF PERSON ON WHOSE RECORD THE CLAIM IS BASED			SSA NUMBER (IF NOT YOUR OWN)	
TYPE OF BENEFIT (RIB, DIB, ETC.)	AMOUNT \$	EFFECTIVE DATE		
RIB	UNK	UNK		

18 Answer this question only if No. 17 is "No": Do you expect to apply for monthly social security benefits? YES ☐ NO ☐

If "Yes," complete the following:

NAME OF PERSON ON WHOSE RECORD YOU WILL FILE		SSA NUMBER	
TYPE OF BENEFIT (RIB, DIB, ETC.)	DATE YOU EXPECT TO FILE		

19 Have you received, or do you expect to receive, monthly benefits under the Railroad Retirement Act based on the employment of someone other than the deceased employee? YES ☐ NO ☒
If "Yes," give the name of the person on whose record the claim was, or will be, based and the RRB claim number or SSA number:

NAME	RRB CLAIM NO. OR SSA NO.

20 Have you ever worked in the railroad industry? YES ☐ NO ☒

If "Yes," complete (a), (b), (c), and (d):

(a) Give:

NAME OF LAST RAILROAD EMPLOYER	DATE LAST WORKED FOR THIS EMPLOYER:	MO.	DAY	YR.

(b) Have you worked in the railroad industry for 120 months or more? YES ☐ NO ☐

(c) Place an "X" in each month during which you have worked, or expect to work, this year for an employer in the railroad industry:

JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(d) If you are filing for benefits beginning before January of this year, place an "X" in each month during which you worked last year for an employer in the railroad industry:

JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

IF YOU ARE FILING AS A DISABLED WIDOW(ER), SKIP ITEMS 21 AND 22 (YOU MUST ALSO COMPLETE SUPPLEMENT AA-17b). IN ALL OTHER CASES, ITEMS 21 AND 22 MUST BE ANSWERED.

21 (a) For this entire year (January 1 through December 31) do you expect that your total earnings from employment for hire and self-employment will exceed \$2,400? 2500 YES ☒ NO ☐

If "Yes," complete (b), (c), and (d):

(b) Give estimated total amount of earnings for this year: \$ 6800.00

(c) Complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which you were self-employed.

THIS YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE	<u>500.</u>	<u>500.</u>	<u>500.</u>	<u>500.</u>	<u>500.</u>	<u>500.</u>	<u>500.</u>	<u>500.</u>	<u>500.</u>			
MONTHS IN WHICH SELF-EMPLOYED												

(d) Are you now working for more than 210 a month or working in self-employment? YES ☒ NO ☐

22 (a) If you are filing for benefits beginning before January 1, did you earn more than \$2,400 from work in employment for hire and self-employment during last year (\$2,100 if last calendar year was 1973)? YES ☒ NO ☐

If "Yes," complete (b) and (c):

(b) Give your total earnings for last year: \$ 7500.00

(c) Complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which you were self-employed.

LAST YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE	<u>Earned in excess of \$600. in each</u>											
MONTHS IN WHICH SELF-EMPLOYED	<u>month</u>											

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT

Edgar S. Sandoz

STREET ADDRESS	<u>44</u>	<u>LAKE</u>	<u>ST</u>									
CITY, STATE, & ZIP CODE	<u>HAMDEN</u>	<u>CT</u>										
	<u>06517</u>											

NOTE: If this application is signed by mark (X), two witnesses or a Board representative must sign below.

1. NAME

2. NAME

COUNTY

New-Ham

TELEPHONE NUMBER

258-7342

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

NAME OF EMPLOYEE

James P. Condron

RRB CLAIM NO.

D-299059

NAME OF APPLICANT

Eileen Condron

EMPLOYEE'S SS
ACCOUNT NO.

710-03-1966

FIELD OFFICE ADDRESS

FEDERAL BUILDING, ROOM 3404
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10007

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

I have a pamphlet (G-476) which tells how work and certain events affect a survivor annuity. The contents have been explained to me.

I understand that I must tell the Board:

- If I work for any employer in the railroad industry,
- If I will earn more than \$2,520 in a year from a non-railroad job or self-employment and I am under age 72 in any month of that year,
- If at any age I file an application with the Social Security Administration for monthly benefits based on either my own or another person's earnings record, or
- If any other event occurs that affects my annuity.

I also understand that if I am receiving an annuity for someone else, I must report any event which affects that person's annuity.

Eileen Condron
(SIGNATURE OF APPLICANT)

This form was signed by the applicant,

in my presence, on 09 (MONTH) 30 (DAY) 75 (YEAR)

at Hamden (CITY) CT (STATE)

Benjamin D. R.
(SIGNATURE OF BOARD REPRESENTATIVE)

RECEIVED
 SEP 10 1975
 SURVIVOR

UNITED STATES OF AMERICA
 RAILROAD RETIREMENT BOARD
 500 RUSH STREET
 CHICAGO, ILLINOIS 60611

NAME OF APPLICANT
 JAMES P. CARROLL
 NAME OF SURVIVOR
 ELEANOR CARROLL
 ADDRESS
 FEDERAL BUILDING, ROOM 3404
 26 WESTAL PLAZA
 NEW YORK, NEW YORK 10001

CERTIFICATION BY APPLICANT FOR INSURANCE ANNUITY

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- If I will earn more than \$2,520 in a year from a non-railroad job or self-employment and I am at least age 72 in any month of that year.
- If at any age I file an application with the Social Security Administration for monthly benefits based on either my own or another person's earnings record, or
- If any other event occurs that affects my annuity.

I also understand that if I am receiving an annuity for someone else, I must report any event which affects that person's annuity.



(SIGNATURE OF APPLICANT)

This form was signed by the applicant,

in my presence, on _____ (MONTH) _____ (DAY) _____ (YEAR)

(CITY) (STATE)

(SIGNATURE OF BOARD REPRESENTATIVE)

REQUEST FOR FIELD DEVELOPMENT OF
APPLICATION FOR WIDOW'S INSURANCE ANNUITY

CLAIM NO.

D-299059

SSA NO.

710-03-1766

DECEASED EMPLOYEE'S NAME

JAMES D. CONDRON

WIDOW'S NAME, ADDRESS AND TELEPHONE NO.

EILEEN CONDRON
151 LINDEN ST
NEW HAVEN CONN

DATE RELEASED BY BRC

6-19-72

TO: DISTRICT OFFICE

NEW YORK NY.

THIS WIDOW PREVIOUSLY RECEIVED AN LSDP OR A WCIA. SHE HAS NOW ATTAINED AGE 60 BUT HAS NOT FILED FOR A WIA. PLEASE ATTEMPT TO CONTACT HER TO SEE IF SHE WISHES TO FILE.
AS ADDITIONAL INFORMATION:

☐ LSDP PAID IN _____ ☒ WCIA PAID, TERMINATED IN 5-1-65CLAIMED DOB: 8-22-10 ☐ VERIFIED ☒ NOT VERIFIED

DATE OF LAST CONTACT WITH WIDOW: 5-67 J. P. Adick

DISTRICT OFFICE'S REPORT

IF AN APPLICATION IS DEVELOPED, DO NOT COMPLETE THIS ITEM OR RETURN THIS FORM.
IF NO APPLICATION IS DEVELOPED, COMPLETE THE APPROPRIATE ITEM BELOW.

1. ☐ WIDOW DECEASED. GIVE THE FOLLOWING INFORMATION, IF READILY AVAILABLE, ABOUT
THE EMPLOYEE'S CLOSEST LIVING RELATIVE.

NAME AND ADDRESS	RELATIONSHIP

2. ☐ WIDOW REMARRIED. GIVE:

CURRENT SURNAME	PRESENT ADDRESS

3. ☐ WIDOW CANNOT BE LOCATED.

4. ☐ WIDOW DOES NOT WISH TO FILE FOR A WIA BECAUSE _____

ROUTING INSTRUCTIONS FOR DISTRICT OFFICE

IF ITEM 1 OR 2 OF THE REPORT IS CHECKED, RETURN A COPY OF THIS FORM BY G-26 ADDRESSED TO BRC.
(THE CLAIM FILE WILL BE REVIEWED AND, IF AN RLS IS PAYABLE, DEVELOPMENT WILL BE INITIATED.)

IF ITEM 3 OR 4 OF THE REPORT IS CHECKED, PRINT "FILE ONLY" IN RED, IN UPPER RIGHT MARGIN OF
THIS FORM. RETURN ONE COPY TO HEADQUARTERS. DO NOT USE G-26. (THE FORM WILL BE FILED WITHOUT
REVIEW AS A FOLDER RECORD OF CONTACT OR ATTEMPTED CONTACT.)

SIGNATURE OF CONTACT REPRESENTATIVE

DATE RETURNED BY D/O

CLAIM NO.
(COLS. 2-11)

D					2	9	9	0	5	9
---	--	--	--	--	---	---	---	---	---	---

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

CODES FOR COLUMNS 20, 22 - 26

COLUMN 20		COLUMN 22		COLUMN 23		COLUMNS 24		25 - 26 NO. OF APP.
TYPE OF ACTION	CODE	STATUS OF APPLICATION	CODE	TYPE OF DISPOSITION	CODE	TYPE OF APPLICATION	CODE	
RECEIPT	7	NEW APPLICATION	0	FINAL CERTIFICATION	0	AA-17 or AA-17a	1	
DISPOSITION	8	REACTIVATED	1	CLOSED WITHOUT AWARD	1	AA-18	2	
		RECERTIFIED	2	PARTIAL CERTIFICATION	5	AA-19	3	
						AA-19a	4	
						AA-20	5	
						AA-21, AA-21a, G-126, AA-3	6	
						G-476c	7	

[illegible]

SECTION II - TICKLER DATES

SECTION III - REOPENING DATA

[illegible]

FORM NO. 6-363
(9-50)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

B-2-547

CLAIM NO.

WCD

COMPUTER

WV 13/67

299059

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
m	111.30	1-1-65	4-30-65	4	445.20	104.00	1-1-65	4-30-65	4	416.00	29.20
(0	74.20	1-1-65	4-30-65	4	296.80	69.30	1-1-65	4-30-65	4	277.00	19.60
											48.80

REMARKS:

RBS Chicago

5177234

FORM G-364
(11-66)UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARDDETERMINATION OF
AWARD

INSURANCE ANNUITY

1. ADMINISTRATIVE VOUCHER NO.

3. CLAIM NO.

WCD 299 059

2.

☐ FINAL
CERT.☐ RECERTIFICATION☐ SUB. TO
RECERT.☐ REINSTATEMENT☒ FORM
PARTIALLY
COMPLETED☐ REINST-RECER-
TIFICATION

4. DECEASED EMPLOYEE

JAMES P. CONDRON

5. EMPLOYEE'S
S.S.A. NO.

710 031 766

6. DATE OF BIRTH

3-2-46

7. DATE OF DEATH

6-29-55

8. EMPLOYEE'S MARITAL STATUS AT DEATH

MALE

☒ MAR.☐ S.W.D.

FEMALE

☐ MAR.☐ S.W.D.9. RRA ☒ COMP. INS. ☐ PART. INS.

SSA

11. MILITARY SERVICE USED

AMR
AMC \$156.00
MO. EARN.INCREMENT
YEARS
14BASIC AMT.
\$56.62
52.98PIA
\$105.00
**
112.40USED-NO
REDUCTIONUSED
REDUCTIONNOT
USEDMS BEFORE 1937
OR AFTER 6-63☐☐☐MS AFTER 1936
AND BEFORE 7-63☐☐☐

10. MILITARY SERVICE REDUCTION

A. MONTHS OF MS: TOTAL MONTHS OF SERVICE:

B. INCREASE RESULTING FROM MS

\$

C. AMOUNT OF OTHER BENEFITS

\$

D. MS RATIO. DEDUCTION

\$

12. ☒ SPOUSE MINIMUM \$13. RR ACT FORMULA MAX. ☐ \$207.15 ☐ \$O/M ☒ NO I.P.I. ☐ I.P.I. ☐ MAX.\$14. ☒ PORTION OF ANNUITY WAIVED

15. SYM	NAME	DATE OF BIRTH	CLAIM FILED	RR ACT FORMULA			SS ACT FORMULA			O/M RATE	ACT. ADJ.	✓ ACT T No.	SSA ACCOUNT NO. OR CLAIM NO.	✓ CL M No.
				RATE	6.55% REDUC- TION	ADJUST. RATE	ORIG. BEN.	OTHER <input type="radio"/> RA <input checked="" type="radio"/> SS	ADJUST. BEN.					
M	EILEEN	8-22-16	7-7-55	\$	\$	\$	\$	\$	\$	111.30	\$		045-30-441	
C	EILEEN	6-1-47	"							74.20				

16. REMARKS

Recent life 1965 amendments
 ORB 6-1-55
 term. 5-1-65 when of age 18
 ** 1965 PIA
 1966 PIA BIA

RL-24

B 362

 17. SMIB ENROLLMENT CODES: ☐ 1ST ENROLL. ☐ 2ND ENROLL. ☐ NO RESPONSE ☐ 2ND TERM. ☐ NOT ENROLLED ☐ SSA JURISDICTION ☐ 1ST TERM. ☐ PREM. PAID BY STATE

 18. DEDUCTIONS FOR SMIB

SYM.	CODE	DATE EFFECTIVE	PREMIUM	FROM	TO	AMOUNT
			\$			\$

19. RECOVERY OF RUIA BENEFIT \$ REGION \$ RECOVERY OF SSA BENEFIT \$

 20. CERTIFICATION OF PAYMENT ONE PAYMENT ONLY ☒ RECURRING PAYMENT ☐

LINE	PAYEE CODE	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	REPRESENTATIVE PAYEE:
1	EILEEN	CONDON	A. Court appointed payee <input type="radio"/>
2	AND FOR E B	CONDON	B. Payee - neither court appointed nor parent for child <input type="radio"/>
3	#151	LINDEN ST	C. Parent for child(ren) <input checked="" type="radio"/>
4	NEW HAVEN	CONN 06511	LAST PREVIOUS MONTHLY RATE \$
5			MO. RATE BEGIN. DATE TO
			\$ - - - - -
			MO. PREM. NO. MOS. PREM. DED.
			\$ - - - - - \$ -
			MO. RATE PAID NET AMOUNT PAID
			\$ ALL \$ 48.80

CLAIMS EXAMINER B2 547 DATE COMPUTER DATE
 M. McDonald 4/21/67 Mr NEW 6/67

AUTHORIZER M Kelly B2-174 5/1/67

G-364 (11-66)

SPECIAL INSTRUCTIONS TO TYPISTS

U.I. CLEARANCE TYPIST:

☐ TYPE ON G-259☐ SSA BENEFITS \$
EFF. _____☐☐ NO G-259

AWARD TYPIST:

MAY 17 1967

RL-24

☒ the increased amount due you & your daughter for 1965 because of the amendment to the Soc-Sec Act effective 1-1-65.

If Eileen B. Condron has not already filed application as a student with our new Haven office, she should do so immediately.

CODE SHEET (SURVIVORS)

SECTION I - STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

[illegible]

SECTION II - TICKLER DATES

[illegible]

APR 20 1967

See list

ame
156.00Dnc
14 yrs1959 B/A
52.981966 B/A
56.621958 PIA \$105
1965 PIA \$112.40

M. McDonnell

RRB FORM G-96 (4-64)		RRB CLAIM NO.		SYM & PREFIX		SSA		CLAIM NUMBER	
TERMINATION OR SUSPENSION OF PAYMENTS		(COLS 2-13)		WCD				299059	
NAME OF PAYEE				VOUCHER NUMBER					
EILEEN CONDRON				IF THIS CASE IS PRESENTLY IN SUSPENSE ENTER "9" IN THE BOX. OTHERWISE LEAVE BLANK (COL 14)					
TERMINATION INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input checked="" type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> 61 Other (See Remarks)				SPOUSE ANNUITANT <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability					
SUSPENSION INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input type="checkbox"/> 16 Recovery of an erroneous payment <input type="checkbox"/> 16 Other (See Remarks)				SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)					
ACTIVITY CODE (COL 15)				1		PAYEE CODE (COL 16)			
MONTHLY RATE (COLS 18-22)				1		7		330	
TERMINATION OR SUSPENSION CODE (COLS 23-24)				2		2			
*DATE OF BIRTH OF BENEFICIARY (COLS 25-30)				MONTH		DAY		YEAR	
DATE PAYMENTS SHOULD BE OR SHOULD HAVE BEEN STOPPED (COLS 31-34)				MONTH		DAY		YEAR	
REMARKS				0		5		65	
UNIT NO. AND INITIALS				fee		Kew		DATE	
								5-1-65	

CODE SHEET (SURVIVORS)

CLAIM NO.

D-299059

SECTION I STATUS AND DISPOSITION OF SURVIVOR APPLICATIONS

RECEIPTS - CODES FOR COLUMNS 9 & 14							CODES FOR COLUMN 15							
0 4 NEW SURVIVOR APPLICATION							NC				TYPE OF APPLICATION			
1 4 REACTIVATED APPLICATION-NO PREVIOUS AWARD							NC				1 - AA-17 OR AA-17A			
2 5 REACTIVATED APPLICATION-PREVIOUS AWARD							PC				2 - AA-18			
DISPOSITION CODES FOR COLUMN 14											3 - AA-19			
0 FINAL CERTIFICATION											4 - AA-19A			
1 CLOSED WITHOUT AWARD											5 - AA-20			
5 PARTIAL CERTIFICATION											6 - AA-21, AA-21A, G-80			

RECEIPTS							DISPOSITIONS								
(8)	(9)	DATE (10-13)	(14)	(16)	(17-18)	CLERK	(8)	(9)	DATE (10-13)	(14)	(16)	(17-18)	PRODUCTION REPORT		CLERK
													EX (74-76)	AUTH (78-80)	
2							2		21-209	02	0-1		565	095	RWP
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								
2							2								

SECTION II
TICKLER DATES

CODE	ORGANIZATION UNIT	LINE	REASON FOR CALL-UP
0	DIV. OF DISABILITY DETERMINATIONS		ERRONEOUS PAYMENTS
3	SURVIVOR BENEFITS		ERRONEOUS PAYMENTS TRACER
D	SUR. BENEFITS-POTENTIAL CERT.		REINSTATEMENT OF PAYMENTS
8	PROTESTS, APPEALS, DELAYED CLMS		OUTSTANDING CHECK NOT DUE
P	SPECIAL POLICING		
W	WAIVER, RECOVERY AND PENALTY		
X	SURVEY UNIT		
SPECIAL CODES			
B	DISABLED CHILD		CODE AA-17
F	CONVERSION TO WIDOW'S ANNUITY		4% LUMP SUM LIQUIDATED
G	GUARDIAN		DEFERRED LUMP SUM PAYABLE
N	RELEASE ANNUAL POLICING QUEST.		RESIDUAL PAYABLE
9	RELEASE G-19A JAN 1		EXCLUDED BENEF. INITIAL AWARD
L	CALL-UP	DATE	EXAM.
C	DATE	COMPLETED	EXAM.
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			

SECTION III
REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION IV
NAMES AND ADDRESSES OF
OTHERS TO BE NOTIFIED

DIARY CARDS

W

C1

C2

C3

C4

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARDDETERMINATION OF AWARD
INSURANCE ANNUITY

1. ADMINISTRATIVE VOUCHER NO.

2.

- ☐
- FINAL CERTIFICATION
-
- ☐
- SUBJECT TO RECERT.
-
- ☐
- RECERTIFICATION
-
- ☐
- REINSTATEMENT
-
- ☒
- REINST. RECERT.

3. CLAIM NO.

WCD 299059

4. DECEASED EMPLOYEE

James P. Condran

5. EMPLOYEE'S S.S.A. NO.

710-03-1766

6. DATE OF BIRTH

7. DATE OF DEATH

8. MILITARY SERVICE QUARTERS

9. TOTAL QUARTERS

10. EMPLOYEE'S MARITAL STATUS AT DEATH

MALE ☒ MAR. ☐ S.W.D. FEMALE ☐ MAR. ☐ S.W.D.

11. EMPLOYEE DIED INSURED

- ☐ QC ONLY
☐ ANNUITY OR PEN. ONLY
☐ BA ON QC HIGHER
☐ BA ON ANNUITY OR PEN. HIGHER
☐ PARTIALLY ONLY

12.

RRA

SSA

AMC

\$

INCREM

YEARS

BASIC AMT.

\$

PIA

\$

MO. EARN.

13.

MILITARY SERVICE

A. INCREASE RESULTING FROM MS

\$

B. AMOUNT OF OTHER BENEFITS

\$

C. RATIO-MS INCREASES Q/C

\$

14. MAXIMUM AND MINIMUM PROVISIONS

RRA

O/M

- ☐ \$193.60
☐ 2-2/3 x BA \$
☐ SP. MIN. \$
☐ \$16.95
- ☒ NO I.P.I.
☐ I.P.I.
☒ MAXIMUM \$

- ☐ MS NOT USED
☐ MS INCREASED BENEFITS, NOT REDUCED
☐ MS INCREASED BENEFITS, REDUCED FOR OTHER BENEFITS
☒ WAIVED ANNUITY IN EXCESS OF \$

15.

SYMBOL

NAME

DATE OF BIRTH

CLAIM FILED

R.R. RETIREMENT ACT

NORMAL ANNUITY

ADJUST. ANNUITY

SOCIAL SECURITY ACT

ORIG. BEN.

OTHER

☐ RA
☐ SA

ADJUST. BEN.

ACT. ADJ.

☒

SSA NUMBER

M	Eileen	8-22-10	7-7-55	\$	\$104.00	\$	\$	\$	\$	042-30-0441
C1	Eileen B.	6-1-47	"		67.30					

16. REMARKS:

Rec'd o/c C2 attained age 18 on 4/63

H-69 susp. off 4-1-63 o/p/d 6-1-55

17. CERTIFICATION OF PAYMENT

ONE PAYMENT ONLY ☐RECURRING PAYMENT ☒

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE	BEGINNING DATE	TO	NO. MCS.	NET AMOUNT PAID
M	EILEEN CONDRON AND FOR CHILD 151 LINDEN ST. NEW HAVEN, CONN.	\$173.30	4-1-63	4-30-63	1	\$173.30

EXAMINER

B3 545

COMPUTER

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.

DATE

4-2-63

19 63

SIGNATURE

E. J. Hurn B3-74

AUTHORIZATION OFFICER

RRB FORM NO. G-69 (5-57)
INSTRUCTION SHEET FOR PREPARATION
OF FORM LETTER

☐ SUSP. ☒ RECERT. ☒ RL-119
☐ TERM. ☐ REINST. ☐ RL-119b

CLAIM NO.

WCD 299059

1. COMPLETION OF FIRST PARAGRAPH:

- ☐ YOU (HAVE MARRIED) (ARE NOW ELIGIBLE).
- ☐ YOU (HAVE BEEN) (STOPPED) WORKING FOR A RAILROAD INDUSTRY EMPLOYER (SINCE) (ON) _____
- ☐ YOU (DO NOT) EXPECT YOUR TOTAL EARNINGS FROM ALL SOURCES FOR THE TAXABLE YEAR TO EXCEED \$1200.
- ☐ YOUR WORK LAST YEAR PREVENTED PAYMENT OF YOUR ANNUITY FOR _____ MONTHS.
- ☐ YOU HAD EARNINGS IN AN AMOUNT DURING THE PAST YEAR WHICH PERMITS PAYMENT OF YOUR ANNUITY FOR _____ MONTHS.
- ☐ BASED ON YOUR REPORT THAT YOU WOULD EARN \$ _____ PAYMENTS HAVE BEEN WITHHELD FOR _____ MONTHS.
- ☐ YOU ARE NOW ELIGIBLE FOR SOCIAL SECURITY BENEFITS.
- ☐ _____

- John J. Gordon
(NAME OF INSURANCE ANNUITANT)
- ☐ WAS (MARRIED) (ADOPTED) ON _____
- ☒ (ATTAINED AGE 18) (~~DIED~~) ON 4-23-63
- ☐ (HAS BEEN) (STOPPED) WORKING FOR A RAILROAD INDUSTRY EMPLOYER (SINCE) (ON) _____
- ☐ IS NOW ELIGIBLE
- ☐ (DOES NOT) (EXPECTS) TOTAL EARNINGS FROM ALL SOURCES FOR THE TAXABLE YEAR TO EXCEED \$1200.
- ☐ WORK LAST YEAR PREVENTS PAYMENT OF HIS (HER) ANNUITY FOR _____ MONTHS.
- ☐ HAD EARNINGS DURING THE PAST YEAR WHICH PERMITS PAYMENT OF HIS (HER) ANNUITY FOR _____ MONTHS.
- ☐ BASED ON THE REPORT THAT () WOULD EARN \$ _____ PAYMENTS HAVE BEEN WITHHELD FOR _____ MONTHS.

2. COMPLETION OF SECOND PARAGRAPH:

NAME

EFFECTIVE DATE

MONTHLY RATE

M

4-1-63

104.00

C.

4-1-63

69.30

3. COMPLETION OF THIRD PARAGRAPH:

- ☐ LESS BENEFITS PAID AT THE OLD RATE FOR _____ MONTHS IN THAT PERIOD.
- ☐ LESS AN OVERPAYMENT OF \$ _____ MADE TO () WHICH WAS RECOVERED FROM () ACCRUAL.
- ☐ LESS AN OVERPAYMENT OF \$ _____ MADE TO () WHICH WAS RECOVERED PROPORTIONATELY.
- ☐ YOU SHOULD FILL OUT AND RETURN THE ENCLOSED FORM G-377 WHEN ANY OF THE EVENTS OCCUR WHICH ARE LISTED UNDER ITEM 2 OF THAT FORM. ☐ LESS THAN \$2080.01 ☐ MORE THAN \$ _____.
- ☐ THERE IS NO NEED TO REPORT () EARNINGS AGAIN BEFORE THE END OF THE YEAR UNLESS THEY WERE, OR WILL BE, MORE THAN \$ _____
- ☐ CODE PARAGRAPH 526
- ☐

4. ADDITIONAL INSTRUCTIONS:

Enclose: G-18

Form No. G-96 (1-55) RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA TERMINATION OR SUSPENSION OF PAYMENTS		SSA NO.	RRB CLAIM NO.
VOU NO.		NAME OF PAYEE	
PLATE IMPRESSION <div style="text-align: center;"> \$260.10* EILEEN CONDRON WCD-299059 AS UNREMARIED WIDOW & FOR 151 LINDEN ST NEW HAVEN CONN CHILDREN </div>		CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY) <div style="text-align: center;"> DIARY-TERM APR 1963 NO CHECK PRINTED FOR 5-1-63 </div>	
DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED		EMPLOYER'S NAME	
TERMINATION INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks)		SUSPENSION INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input type="checkbox"/> 16 Recovery of an erroneous payment <input type="checkbox"/> Other (See Remarks)	
RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability		RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)	
REMARKS 4-1-63		*DATE OF BIRTH OF BENEFICIARY 4-45	
		DATE 28	

WCD 299059	120	105	231.40	260.10
CLAIM NO.	CODE TYPE BEN.	EMPLOYEE'S 1958 PIA	RATE PAID NOV. 1960	RATE PAID BEG. DEC. 1960

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE—1960 SSA AMENDMENTS EFFECTIVE DECEMBER 1, 1960

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS

1ST DIGIT: 0—NO WIDOW

1—WIDOW WITH CHILDREN

2ND DIGIT: NUMBER OF CHILDREN

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE NOV. 1960 AND DEC. 1960 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A PAY STATUS ON DEC. 1, 1960.

RRB Form T-56 (12-60)

WCD 299059	120	150	14	3290	21050	23140
CLAIM NO.	CODE- TYPE BEN.	AMC OR AMR	SERVICE YRS. MOS.	BASIC AMT	RATE PAID MAY 1959	RATE PAID BEG JUNE 1959

CLAIM FOLDER CARD

ADJUSTMENT OF MONTHLY RATE -- 1959 RRA AMENDMENTS EFFECTIVE JUNE 1, 1959

CODE FOR TYPE OF BENEFICIARY IN PAY STATUS
(SURVIVOR CASES ONLY)

ONE DIGIT ONLY

THREE-DIGIT CODES

1—WIDOW AGE 60
2—WIDOW UNDER 60
3—CHILD UNDER 18
4—PARENT
7—WIDOWER

1ST DIGIT: 0—NO WIDOW
1—WIDOW WITH CHILDREN
2ND DIGIT: 0—NO CHILDREN
ANY OTHER CODE INDICATES

WHERE A FAMILY GROUP RECEIVES BENEFITS IN A COMBINED CHECK, THE MAY 1959 AND JUNE 1959 RATES SHOWN ABOVE ARE THE TOTAL MONTHLY RATES OF ALL BENEFICIARIES IN THE FAMILY GROUP WHO WERE IN A

ERRONEOUS PAYMENT DATA
(FOR ACCOUNTS RECEIVABLE)

TYPE OF OVERPAY- MENT (8)	AMOUNT OF OVERPAYMENT (11-18)	AMOUNT RECOVERED OR REMOVED (11-18)	BALANCE	DATE (MO., DAY, YEAR) (51-58)	NAME OF EMPLOYEE (37-48)	CODE (48)
1. Residual or 4%						
2. Lump-sum Death Payment						
3. All Others						
1. Enter in Accounts Receivable						
3. Recovery						
4. Waiver						
5. Uncollectible						
6. Uncollectible Recovered by GAO						
7. Correction (decrease) of debit Entry						
8. Uncollectible Recovered by RRB						

ERRONEOUS PAYMENT DATA (FOR ACCOUNTS RECEIVABLE)

3-D. 299059

[illegible]

SECTION I
RETIREMENT ANNUITIESSECTION II
SURVIVOR ANNUITIES

EMPLOYEE -- "A"

SPOUSE -- "A"

ANNUITANT "A" EMPLOYEE "D" PENSIONER "H"

-3-	NEW INACTIVE APPLICATION	N.C.	1-0-4	NEW ACTIVE APPLICATION	N.C.	2-0-4	NEW SURVIVOR APPLICATION	N.C.
0-0-4	NEW ACTIVE APPLICATION	N.C.	1-1-4	REACTIVATED - NO PREV. AWARD	N.C.	2-1-4	REACTIVATED - NO PREV. AWARD	N.C.
0-1-4	REACTIVATED - NO PREV. AWARD	N.C.	1-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	2-2-5	REACTIVATED - PREVIOUS AWARD	P.C.
0-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	1-...0	FINAL CERTIFICATION		2-...0	FINAL CERTIFICATION	
0-...0	FINAL CERTIFICATION		1-...1	CLOSED WITHOUT AWARD		2-...1	CLOSED WITHOUT AWARD	
0-...1	CLOSED WITHOUT AWARD		1-...5	PARTIAL CERTIFICATION		2-...5	PARTIAL CERTIFICATION	
0-...5	PARTIAL CERTIFICATION							

(8)	(9)	DATE (10-13)	(14)	CLERK	(8)	(9)	DATE (10-13)	(14)	CLERK	(8)	(9)	DATE (10-13)	(14)	CLERK
0					1					2		2-10-31-7	0	SR. P/E
0					1					2		2-11-13-8	0	W. P/E
0					1					2				
0					1					2				
0					1					2				
0					1					2				
0					1					2				
0					1					2				
0					1					2				
0					1					2				
0					1					2				

SECTION III
TICKLER DATESSECTION IV
PRODUCTION REPORT CONTROL

ORGANIZATION UNIT	LINE	REASON FOR CALL-UP	CLMS. EX. NO.	AUTH. OFF. NO.	CLMS. EX. NO.	AUTH. OFF. NO.
0 DIV. OF DISABILITY DETERMINATIONS		ERRONEOUS PAYMENTS				
1 DIV. OF RETIREMENT ANNUITIES - INITIAL		ERRONEOUS PAYMENTS TRACER	657	076	706	129
3 DIV. OF SURVIVOR ANNUITIES		REINSTATEMENT OF PAYMENTS				
4 DIV. OF RET. ANN. - POTENTIAL CERTIFICATION		OUTSTANDING CHECK NOT DUE				
D DIV. OF SUR. ANN. - POTENTIAL CERTIFICATION						
8 DIV. OF ADM. SERVICES - CORRESPONDENCE						
X DIV. OF ADMINISTRATIVE SERVICES - SURVEY						
		RELEASE RL-50B				
		INVESTIGATION OF EMP. & EARN.				

SPECIAL CODES

B	DISABLED CHILD	EMPLOYEE ATTAINS AGE 65
E	SUPP. RL-50B	TRACE REL. OF RIGHTS - 65
F	CONVERSION TO WIDOW'S ANNUITY	PROBABLE ELIGIBILITY - SPOUSE
N	EARNING \$1200 OR MORE YEARLY	PROOF OF AGE

SECTION V
REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

SECTION VI
NAMES AND ADDRESSES OF
OTHERS TO BE NOTIFIED

LINE	CODE	CALL-UP DATE	EXAM.	DATE COMPLETED	EXAM.
A	P	7-24-58	P	10-2-58	m
B	N	58	P		
C	P	1-1-59	m		
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
P					
Q					
R					

4% L. SUM LIQUIDATED

DEFERRED LUMP SUM PAYABLE

2 YRS. FROM EMP. DEATH

WIDOW(ER) OR PARENT ATTAINS AGE 65

EXCLUDED BENEF. INITIAL AWARD

PROBABLE ELIGIBILITY - SURVIVOR

ADJ. FOR MAX. - CHILD 18

DISABLED CHILD ATTAINS 65

POSTHUMOUS CHILD

CONVERT "WC" TO "W"

a Renc-1

5-660
-52)

CLAIM SUMMARY RECORD

CLAIM NO. **D299059**

SECTION I
RETIREMENT ANNUITIES

SECTION II
SURVIVOR ANNUITIES

A. EMPLOYEE - "A"					B. SPOUSE - "A"					ANNUITANT "A" EMPLOYEE "D" PENSIONER "H"							
0-3-	NEW INACTIVE APPLICATION	N.C.	1-0-4	NEW ACTIVE APPLICATION	N.C.	2-0-4	NEW SURVIVOR APPLICATION	N.C.									
0-0-4	NEW ACTIVE APPLICATION	N.C.	1-1-4	REACTIVATED - NO PREV. AWARD	N.C.	2-1-4	REACTIVATED - NO PREV. AWARD	N.C.									
0-1-4	REACTIVATED - NO PREV. AWARD	N.C.	1-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	2-2-5	REACTIVATED - PREVIOUS AWARD	P.C.									
0-2-5	REACTIVATED - PREVIOUS AWARD	P.C.	1-...0	FINAL CERTIFICATION		2-...0	FINAL CERTIFICATION										
0-...0	FINAL CERTIFICATION		1-...1	CLOSED WITHOUT AWARD		2-...1	CLOSED WITHOUT AWARD										
0-...1	CLOSED WITHOUT AWARD		1-...5	PARTIAL CERTIFICATION		2-...5	PARTIAL CERTIFICATION										
0-...5	PARTIAL CERTIFICATION																
(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓	(8)	(9)	DATE (10-13)	(14)	EXAMINER	✓
0					✓	1					✓	2		07-21-5	4		✓
0						1						2		8-25-5	0	AK	✓
0						1						2		4-17-6	0	ER	✓
0						1						2		28-7-6	0	AK	✓
0						1						2		19-4-6	0	AK	✓
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					
0						1						2					

SECTION III
TICKLER DATES

SECTION IV
ERRONEOUS PAYMENT DATA

A. ORGANIZATION UNIT		B. REASON FOR CALL-UP		CLASS	DATE	AMOUNT	AMT. RECOV.	BALANCE	✓
0	DIV. OF DISABILITY DETERMINATIONS		RELEASE RL-50b						
1	DIV. OF RETIREMENT ANNUITIES		INVESTIGATION OF EMP. & EARN.						
3	DIV. OF SURVIVOR ANNUITIES		EMPLOYEE ATTAINS AGE 65						
7	DIV. OF ADM. SERV. - AUDIT		TRACE REL. OF RIGHTS - 65						
8	DIV. OF ADM. SERV. - CORRESPONDENCE		PROBABLE ELIGIBILITY - SPOUSE						
			PROOF OF AGE						
			RELEASE OF RL-69						
			4% L. SUM LIQUIDATED						
			DEFERRED LUMP-SUM PAYABLE						

CALL-UP DATE	EXAM.	DATE COMPLETED	EXAM.	✓
12-56	mm	PH		✓
4-57	EK	PH		✓
57	PH			✓

W C 3 emp's
196
G GDN.

SECTION V
REOPENING DATA

REOPENED UNDER B.O. _____

DATE _____

SIGNATURE _____

INITIAL DECISION AFFIRMED

DATE _____

SIGNATURE _____

SECTION VI
CLAIM SUMMARY

PAYEE MR. - MRS. - MISS

ADDRESS

702-4 557-09X

NAMES AND ADDRESSES OF OTHERS TO BE NOT

632-08X

FORM NO. G-363 (9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD PAYMENT SUMMARY FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950						EXAMINER <i>[Signature]</i> COMPUTER <i>[Signature]</i>		CLAIM NO. <i>100-299059</i>			
SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W	84.48	1-1-58	12-31-58	12	1013.76	<i>Off set to W in 1957</i>					785.76
C ₁	56.31	1-1-58	12-31-58	12	675.72	61.60	1-1-58	9-30-58	9	554.40	124.32
C ₂	56.31	1-1-58	12-31-58	12	675.72	61.60	1-1-58	11-30-58	11	677.60	1.88
										903.20	
REMARKS: <i>* Recover by withholding C₁, a part previously suspended to recover Pmt to widow. Annual supplement to recover.</i>											

RRB Chicago

CLAIM FOLDER COPY		SSA NO.	RRB CLAIM NO.
Form No. G-96 (1-55) RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA TERMINATION OR SUSPENSION OF PAYMENTS			<i>100-299059</i>
YOU, NO. <i>11198210</i>	NAME OF PAYEE <i>James Eileen Condron for Phil Condron</i>		
PLATE IMPRESSION	CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY)		
DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED <i>12-1-58</i>		EMPLOYER'S NAME	
TERMINATION <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks)		SUSPENSION <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability	
INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1,200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input type="checkbox"/> 16 Recovery of erroneous payment <input checked="" type="checkbox"/> Other (See Remarks)		SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)	
REMARKS <i>Adj. in family grp benefit</i>		* DATE OF BIRTH OF BENEFICIARY <i>W 8-22-70 C₁ 6-1-47 C₂ 4-24-45</i>	
		DATE <i>12-19-58</i> UNIT AND INITIALS <i>SB-2 Kelly</i>	

FORM NO. 6-364
(4-56)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
DETERMINATION OF AWARD
INSURANCE ANNUITY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
September 13, 1956

1229267 B

3. CLAIM NO.
4CD-299059
4. DECEASED EMPLOYEE
JAMES P. CONDROW
5. EMPLOYEE'S S.S.A. NO.
710-03-1866
6. DATE OF BIRTH
3-2-96
7. DATE OF DEATH
6-29-55

1. ADMINISTRATIVE VOUCHER NO.
2.
☐ FINAL CERTIFICATION
☐ REINSTATEMENT
☐ SUBJECT TO RECERT.
☒ REINST. RECERT.

8. REQUIRED QUARTERS RRA 36 SSA 8.	10. TOTAL QUARTERS 40	12. EMPLOYEE DIED INSURED RRA SSA	13. QUARTERS COVERAGE AFTER RETIREMENT ANNUITY BEGAN: QUARTERS RETIREMENT ANNUITY PAYABLE BEFORE AGE 65:
9. MILITARY SERVICE QUARTERS	11. CURRENT QUARTERS RRA SSA	PARTIALLY COMPLETELY <input checked="" type="checkbox"/> FULLY <input checked="" type="checkbox"/>	
14. COMP. DATE RRA 6-29-55	TOTAL WAGES AND COMP. \$ 34349.04	DIVISOR 219	AVER. MO. REMUNERATION 156.84
15. CLOSING DATE SSA 1-1-55	TOTAL WAGES AND COMP. \$ 7200.00	DIVISOR 24	AVER. MONTHLY WAGE 300.00

16. INSURED UNDER SECTION 5(1)(7)(11) OF 1937 ACT, AS AMENDED
☐ RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS
OF SERVICE BEGAN TO ACCRUE BEFORE 1948 -
MONTHLY COMPENSATION: \$
☐ PENSION PAYABLE AT DEATH - MONTHLY EARNINGS: \$
BASIC AMOUNT \$
18. CHECK MAXIMUM PAYABLE
RRA ☐ \$33 ☐ \$176 ☐ 2-2/3 BASIC AMOUNT \$
SSA ☐ \$50 ☒ \$200 ☐ 1-1/2 X PIA ☐ 80% AVERAGE WAGE \$240.00
19. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE
(A) INCREASE RESULTING FROM MILITARY SERVICE \$
(B) AMOUNT OF OTHER BENEFITS PAYABLE \$
(C) RATIO BY WHICH MILITARY SERVICE INCREASES
QUARTERS OF COVERAGE \$

20. SYMBOL	RELATIONSHIP	DATE OF BIRTH	CLAIM FILED	RAILROAD RETIREMENT ACT		SOCIAL SECURITY ACT			SSA NUMBER
				NORMAL ANN.	ADJ. ANNUITY	ORIG. BENEFIT	OTHER BENEFITS	ADJ. BENEFITS	
W	Widow	8-22-10	7-7-55	4788.	84.48 90.12	78.80	None		042-30-1411
P1	Eileen B	6-1-47		3192	56.31 60.10	65.70			
P2	John	4-24-45		3192	56.31 60.10	65.70			
				114.72		197.10 210.20			

21. REMARKS:
Rec'd of widows earnings less than \$1200. from 1958; but suspended
* eff 1-1-59 C1 reinstated 12-19-58.

22. CERTIFICATION OF PAYMENT
ONE PAYMENT ONLY ☐ RECURRING PAYMENT ☒
SYMBOL NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE
OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW MONTHLY RATE BEGINNING DATE TO NO. MOS. NET AMOUNT PAID
W EILEEN CONDROW, As
Unmarried Widow and
for Children
151 LINDEN ST.
NEW HAVEN CONN.
* 21030 6-1-55 903.20
* 21030 12-1-58

EXAMINER M. Lally J65
COMPUTER M. J. B. 1-9-59
1. THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED
AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT
ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS
AMENDED.
DATE 1-9-59 SIGNATURE U. G. AUTHORIZATION OFFICER

RA R2113

11198210

FORM NO. G-364
(4-56)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

**DETERMINATION OF AWARD
INSURANCE ANNUITY**

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
September 13, 1956

3. CLAIM NO.

WCD 299059

4. DECEASED EMPLOYEE

James B. Condrón

5. EMPLOYEE'S S.S.A. NO.

710-03-1966

6. DATE OF BIRTH

3-2-96

7. DATE OF DEATH

6-1-55

1. ADMINISTRATIVE VOUCHER NO.

2.

☐ FINAL CERTIFICATION☐ RECERTIFICATION☐ SUBJECT TO RECERT.☒ REINSTATEMENT☐ REINST. RECERT.

8. REQUIRED QUARTERS

RRA 36 SSA 8

10. TOTAL QUARTERS

40+

12. EMPLOYEE DIED INSURED

RRA SSA

PARTIALLY

CURRENTLY

COMPLETELY

FULLY

13. QUARTERS COVERAGE AFTER
RETIREMENT ANNUITY BEGAN:QUARTERS RETIREMENT ANNUITY
PAYABLE BEFORE AGE 65: -

14. COMP. DATE

RRA 6-1-55

TOTAL WAGES AND COMP.

\$

DIVISOR

219

AVER. MO. REMUNERATION

14

INCREMENTS

\$4353

BASIC AMOUNT

\$4788

15. CLOSING DATE

SSA 1-1-55

TOTAL WAGES AND COMP.

\$

DIVISOR

24

AVERAGE MONTHLY WAGE

-

INCREMENTS

-

PIB

-

PIA

\$9850

16. INSURED UNDER SECTION 5(1)(7)(111) OF 1937 ACT, AS AMENDED

☐ RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS
OF SERVICE BEGAN TO ACCRUE BEFORE 1946 -☐ MONTHLY COMPENSATION: \$☐ PENSION PAYABLE AT DEATH - MONTHLY EARNINGS: \$

BASIC AMOUNT

\$

18. CHECK MAXIMUM PAYABLE

RRA

\$33

\$176

2-2/3 BASIC AMOUNT

\$

SSA

\$50

\$200

1-1/2 X PIA

60% AVERAGE WAGE

\$

17.

☐ WIDOWENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF
EMPLOYEE'S DEATH.☐ WIDOWER

AMOUNT OF SPOUSE'S ANNUITY \$

19. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE

(A) INCREASE RESULTING FROM MILITARY SERVICE \$

(B) AMOUNT OF OTHER BENEFITS PAYABLE \$

(C) RATIO BY WHICH MILITARY SERVICE INCREASES
QUARTERS OF COVERAGE \$

20.

SYMBOL

RELATIONSHIP

DATE OF BIRTH

CLAIM FILED

RAILROAD RETIREMENT ACT

NORMAL ANN.

ADJ. ANNUITY

SOCIAL SECURITY ACT

ORIG. BENEFIT

OTHER BENEFITS

ADJ. BENEFITS

SSA NUMBER

W Eileen

8-1-10

7-7-55

4788

\$

\$

\$

\$

042-30-0441

C1 Eileen

6-1-47

3192

6160

6160

6160

6160

6160

None

C2 John

4-24-45

3192

6160

6160

6160

6160

6160

Long BO

21. REMARKS:

W-1956-7-58 earnings and 300.80 - all was over 8.80
C-3-1957-earnings 315.80 - 4 deductions applied for 57
under 88.0. before June 57 - at 18.00 - 57 - 01/16 he received 57
by account thru 1957 by W-4 payments 201 - from 10-1-58 - C-2 Rev 10-58.

22. CERTIFICATION OF PAYMENT

ONE PAYMENT ONLY ☐RECURRING PAYMENT ☒

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE	BEGINNING DATE	TO	NO. MOS.	NET AMOUNT PAID
	EILEEN CONDRON					
	for					
C2	JOHN J. CONDRON	6160	10-1-58	10-31-58	1	61.60
	151 LINDEN ST.					
	NEW HAVEN					
	CONN.					

EXAMINER

10-27-58 106

COMPUTER

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED
AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT
ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS
AMENDED.

DATE

11-10-58

1958

SIGNATURE

J. J. Daumann 129

AUTHORIZATION OFFICER

W.C.D. #703
W.C.D.
EP RW 10-23-58
299059

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	
C1	57.50	1-1-57	5-31-57	5	287.50	57.50	1-1-57	9-30-57	9	517.50	0-
	57.50	6-1-57	9-30-57	4	230.00	61.60	10-1-57	12-31-57	3	184.80	
	61.60	10-1-57	12-31-57	3	184.80						
C2	57.50	1-1-57	5-31-57	5	287.50	57.50	1-1-57	9-30-57	9	517.50	0-
	57.50	6-1-57	9-30-57	4	230.00	61.60	10-1-57	12-31-57	3	184.80	
	61.60	10-1-57	12-31-57	3	184.80						
C3	57.50	1-1-57	5-31-57	5	287.50	57.50	1-1-57	9-30-57	9	517.50	230.00

REMARKS: C3 annuity deducted 6/57 thru 9/57 a/c error earnings
C3 attained age 18 in 10/57.
W annuity withheld for all months - earnings in excess of 2080.01

For Int only

RRB Chicago

CLAIM FOLDER COPY

FORM NO. C-96 (1-55) RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA TERMINATION OR SUSPENSION OF PAYMENTS		SSA NO.	RRB CLAIM NO. <i>W.C.D. 299059</i>				
YOU NO.		NAME OF PAYEE <i>EILEEN CONDRON</i> <i>FOR CHILDREN</i>					
PLATE IMPRESSION		CONTROL NO.	(FOR USE OF PLATE FILES UNIT ONLY)				
DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED <i>10-1-58</i>		EMPLOYER'S NAME					
TERMINATION <table border="0"> <tr> <td> INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks) </td> <td> SPOUSE ANNUITANT <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability </td> </tr> </table>		INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks)	SPOUSE ANNUITANT <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability	SUSPENSION <table border="0"> <tr> <td> INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1,200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input checked="" type="checkbox"/> 16 Recovery of erroneous payment <input type="checkbox"/> Other (See Remarks) </td> <td> SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks) </td> </tr> </table>		INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1,200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input checked="" type="checkbox"/> 16 Recovery of erroneous payment <input type="checkbox"/> Other (See Remarks)	SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)
INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks)	SPOUSE ANNUITANT <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability						
INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1,200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input checked="" type="checkbox"/> 16 Recovery of erroneous payment <input type="checkbox"/> Other (See Remarks)	SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)						
REMARKS		* DATE OF BIRTH OF BENEFICIARY	DATE <i>10-1-58</i>				
			UNIT AND INITIALS <i>Pol 9 G.W.</i>				

FORM NO. G-364
(4-55)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
**DETERMINATION OF AWARD
INSURANCE ANNUITY**
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
September 13, 1956

1. ADMINISTRATIVE VOUCHER NO.
2. ☐ FINAL CERTIFICATION ☒ RECERTIFICATION
☐ SUBJECT TO RECERT. ☐ REINSTATEMENT
☒ REINST. RECERT.

3. CLAIM NO.
WCD-299059
4. DECEASED EMPLOYEE
JAMES P. CONDRON
5. EMPLOYEE'S S.S.A. NO.
710-03-1966
6. DATE OF BIRTH
3-2-96
7. DATE OF DEATH
6-29-55

8. REQUIRED QUARTERS RRA 36 SSA 8	10. TOTAL QUARTERS 40	12. EMPLOYEE DIED INSURED RRA SSA		13. QUARTERS COVERAGE AFTER RETIREMENT ANNUITY BEGAN: QUARTERS RETIREMENT ANNUITY PAYABLE BEFORE AGE 65:	
9. MILITARY SERVICE QUARTERS	11. CURRENT QUARTERS RRA SSA	PARTIALLY COMPLETELY		CURRENTLY FULLY	
14. COMP. DATE RRA 6-29-55	TOTAL WAGES AND COMP. \$34349.04	DIVISOR 219	AVER. MO. REMUNERATION 156.84	INCREMENTS 14	BASIC AMOUNT \$47.88
15. CLOSING DATE SSA 1-1-55	TOTAL WAGES AND COMP. \$7200.00	DIVISOR 24	AVERAGE MONTHLY WAGE 300.00	INCREMENTS	PIB PIA \$98.50

16. INSURED UNDER SECTION 5(1)(7)(III) OF 1937 ACT, AS AMENDED
☐ RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS
OF SERVICE BEGAN TO ACCRUE BEFORE 1948 -
MONTHLY COMPENSATION: \$
☐ PENSION PAYABLE AT DEATH - MONTHLY EARNINGS: \$
BASIC AMOUNT \$

18. CHECK MAXIMUM PAYABLE
RRA ☐ \$33 ☐ \$176 ☐ 2-2/3 BASIC AMOUNT \$
SSA ☐ \$50 ☒ \$200 ☐ 1-1/2 X PIA ☐ 80% AVERAGE WAGE \$

17. ☐ WIDOW ENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF
EMPLOYEE'S DEATH.
☐ WIDOWER
AMOUNT OF SPOUSE'S ANNUITY \$

19. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE
(A) INCREASE RESULTING FROM MILITARY SERVICE \$
(B) AMOUNT OF OTHER BENEFITS PAYABLE \$
(C) RATIO BY WHICH MILITARY SERVICE INCREASES
QUARTERS OF COVERAGE %

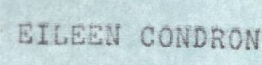
20. SYMBOL	RELATIONSHIP	DATE OF BIRTH	CLAIM FILED	RAILROAD RETIREMENT ACT		SOCIAL SECURITY ACT			SSA NUMBER
				NORMAL ANN.	ADJ. ANNUITY	ORIG. BENEFIT	OTHER BENEFITS	ADJ. BENEFITS	
W	WIDOW	8-22-10	7-7-55	47.88	11.88		None		042-30-0441
C1	FILED B	6-1-47	"	31.92	61.60	61.60			None
C2	JOHN J.	4-24-45	"	31.92	61.60	61.60			
				60.84		123.20			

21. REMARKS:
W. in Restricted Employment
C3 AGE 18 10-20-57
Orig. By DATE 6-1-55

22. CERTIFICATION OF PAYMENT
ONE PAYMENT ONLY ☐ RECURRING PAYMENT ☒

SYMBOL	NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW	MONTHLY RATE	BEGINNING DATE	TO	NO. MOS.	NET AMOUNT PAID
C	FILED CONDRON FOR CHILDREN 147 BRADLEY ST NEW HAVEN 11, CONN.	123.20	10-1-57	10-31-57	1	123.20

EXAMINER
10-29-57
COMPUTER
10-29-57
1. THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED
AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT
ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS
AMENDED.
DATE 10-29-57 SIGNATURE Edith C. Moran 76
AUTHORIZATION OFFICER

Form No. G-96 (1-55) RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA TERMINATION OR SUSPENSION OF PAYMENTS		SSA NO.	RRB CLAIM NO.
YOU NO.		NAME OF PAYEE	
PLATE IMPRESSION  EILEEN CONDRON FOR CHILDREN 147 BRADLEY ST NEW HAVEN 11 CONN		CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY) 1073709 DIARY CASE	
DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED		EMPLOYER'S NAME	
TERMINATION INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died * <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability * <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried * <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits * Other (See Remarks)		SUSPENSION INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service * <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1200 per year * <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 18 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input type="checkbox"/> 16 Recovery of an erroneous payment Other (See Remarks)	
SPOUSE ANNUITANT <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability		SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)	
REMARKS		* DATE OF BIRTH OF BENEFICIARY	DATE 10-1-57 UNIT AND INITIALS LG

FORM NO. 6-363 (9-501) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD PAYMENT SUMMARY FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950						Recert-Reinst. EXAMINER McGoedziak 557 COMPUTER 28 E Pass 8-29-56		CLAIM NO. WCD-299059			
SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
C1	57.50	7-1-56	8-31-56	2	115.00	57.50	7-1-56	7-31-56	1	57.50	57.50
C2	57.50	7-1-56	8-31-56	2	115.00	57.50	7-1-56	7-31-56	1	57.50	57.50
C3	57.50	7-1-56	8-31-56	2	115.00						115.00
											230.00
REMARKS:											

NO. G-365 (11-51) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD DETERMINATION OF AWARD ANNUITY OR LUMP-SUM DEATH PAYMENT FORM APPROVED BY COMPTROLLER GENERAL, U.S. NOVEMBER 14, 1951		1. ADMINISTRATION NUMBER NO. 2. <input checked="" type="checkbox"/> FINAL CERTIFICATION <input type="checkbox"/> SUBJECT TO RECERTIFICATION		3. CLAIM NO. WCD-299059 4. DECEASED EMPLOYEE JAMES P. CONDRON 5. EMPLOYEE'S S.S.A. NO. 710-03-1966					
8. REQUIRED QUARTERS RRA 36 SSA 8		9. MILITARY SERVICE QUARTERS		12. EMPLOYEE DIED INSURED RRA PARTIALLY CURRENTLY COMpletely FULLY		6. DATE OF BIRTH 3-2-96		7. DATE OF DEATH 6-29-55	
10. TOTAL QUARTERS 40		11. CURRENT QUARTERS RRA SSA		13. QUARTERS COVERAGE AFTER RETIREMENT ANNUITY BEGAN: QUARTERS RETIREMENT ANNUITY PAYABLE BEFORE AGE 65:		14. COMP. DATE RRA 6-29-55		TOTAL WAGES AND COMP. \$ 34348.04	
15. COMP. DATE SSA 1-1-55		TOTAL WAGES AND COMP. \$ 7200.00		DIVISOR 24		AVER. NO. REMUNERATION 156.84		INCREMENTS 14	
16. INSURED UNDER SECTION 5(1)(7)(III) OF 1937 ACT, AS AMENDED		17. TOTAL REIMBURSABLE BURIAL EXPENSES ARE \$		BASIC AMOUNT PAID AS FOLLOWS: REMAINS UNPAID		BASIC AMOUNT \$ 43.53 + 47.68		TEN TIMES BASIC AMOUNT \$ 72.50	
18. RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO ACCRUE BEFORE 1948 MONTHLY COMPENSATION: \$		19. PENSION PAYABLE AT DEATH - MONTHLY EARNINGS: \$		20. WIDOW ENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF EMPLOYEE'S DEATH. AMOUNT OF SPOUSE'S ANNUITY \$		21. CHECK MAXIMUM PAYABLE RRA \$30 \$160 2-2/3 BASIC AMOUNT \$ 127.64 SSA \$40 \$150 80% AVERAGE WAGE \$ 200.00		22. REMARKS: C3 discharged from Military service 8-9-56 Widow's expected earnings for 1956 about \$2000.00 (10 months deductions) Eff. 7-1-56	
23. CERTIFICATION OF PAYMENT		NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW		MONTHLY RATE OR SHARE		BEGINNING DATE		NET AMOUNT PAID	
C		Eileen Condron for children 147 Bradley St. New Haven 11, Conn.		\$ 172.50		6-1-55		\$ 23000	
EXAMINER RCGozdziaik 557		COMPUTER 27.8.29.56		DATE 8-31-56		SIGNATURE Eileen C. Condron		AUTHORIZATION OFFICER	

CLAIM FOLDER COPY FORM NO. G-96 (1-55) RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA TERMINATION OR SUSPENSION OF PAYMENTS		SSA No. 710-03-1966	RRB CLAIM NO. W C D - 2 9 9 0 5 5
VOUCHER NO. 86108		NAME OF PAYEE Eileen Condron for children	
PLATE IMPRESSION		CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY)	
DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED		EMPLOYER'S NAME	
TERMINATION INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks)		SUSPENSION INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1,200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input type="checkbox"/> 16 Recovery of an erroneous payment <input checked="" type="checkbox"/> Other (See Remarks)	
RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability		RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks)	
REMARKS Oldest child discharged from M.S.		*DATE OF BIRTH OF BENEFICIARY 6-1-47	
		DATE 8-22-56	
		UNIT AND INITIALS SB-2 Rg	

FORM NO. 6-363 (9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD PAYMENT SUMMARY FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 16, 1950						EXAMINER RCGozdziak 557 COMPUTER 8-3-56		CLAIM NO. WCD-299059			
SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
C1	57.50	7-1-56	7-31-56	1	57.50						
C2	57.50	7-1-56	7-31-56	1	57.50						
											115.00

3. CLAIM NO. WCD-299059	
4. DECEASED EMPLOYEE James P. CONDRO	
5. EMPLOYEE'S S.S.A. NO. 710-03-1966	
6. DATE OF BIRTH 3-2-96	
7. DATE OF DEATH 6-29-55	
13. QUARTERS COVERAGE AFTER RETIREMENT ANNUITY BEGAN: QUARTERS RETIREMENT ANNUITY PAYABLE BEFORE AGE 65:	
14. RRA COMP. DATE 6-29-55 TOTAL WAGES AND COMP. \$ 34349.04 DIVISOR 219 AVER. MO. REMUNERATION 156.84 INCREMENTS 144 BASIC AMOUNT \$ 43.53 TEN TIMES BASIC AMOUNT \$ 435.30	
15. SSA COMP. DATE 1-1-55 TOTAL WAGES AND COMP. \$ 7200.00 DIVISOR 24 AVERAGE MONTHLY WAGE 300.00 INCREMENTS 1 PRIMARY AMOUNT \$ 7150	
16. INSURED UNDER SECTION 5(1)(7)(111) OF 1937 ACT, AS AMENDED	
17. TOTAL REIMBURSABLE BURIAL EXPENSES ARE \$	
18. RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO ACCRUE BEFORE 1948 MONTHLY COMPENSATION: \$ BASIC AMOUNT \$ PAID AS FOLLOWS: \$ REMAINS UNPAID \$	
19. WIDOW ENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF EMPLOYEE'S DEATH. AMOUNT OF SPOUSE'S ANNUITY \$	
20. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE	
21. CHECK MAXIMUM PAYABLE	
22. REMARKS: C3 entered military service July 5, 1956. Expected earnings unknown. Widow's expected earnings for 1956 about \$2000.00 (10 months deductions) *EFF 7-1-56	
23. CERTIFICATION OF PAYMENT	
24. EXAMINER RCGozdziak 557	
25. COMPUTER 2-1-56	
26. DATE 86	
27. SIGNATURE 91	

FORM NO. G-96 (1-55) RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA TERMINATION OR SUSPENSION OF PAYMENTS		SSA No. 710-03-1966	RRB CLAIM NO. W C D - 2 9 9 0 5 9
YOU. NO.		NAME OF PAYEE Eileen Condron for children	
PLATE IMPRESSION		CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY)	
DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED		EMPLOYER'S NAME	
TERMINATION INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks)		SUSPENSION INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1,200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input type="checkbox"/> 16 Recovery of an erroneous payment <input checked="" type="checkbox"/> Other (See Remarks)	
SPOUSE ANNUITANT <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability		SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)	
REMARKS Oldest child entered military service.		*DATE OF BIRTH OF BENEFICIARY 10-21-39	DATE 7-25-56
		UNIT AND INITIALS SB-2	RG

FORM NO. G-363 (9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD PAYMENT SUMMARY FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950						EXAMINER 3-21-56 702 M. Anderson COMPUTER 4-9-56		CLAIM NO. W C D 29 9059				
SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE	
	NO.	RATE	FROM	TO	NO. MOS.	AMOUNT	NO.	RATE	FROM	TO		NO. MOS.
W	none						66.69	6-1-55	2-27-56	9	600.21	600.21
C1	57.50	6-1-55	4-30-56	11	632.50	44.47	6-1-55	2-27-56	9	400.23	232.27	
C2	57.50	6-1-55	4-30-56	11	632.50	44.47	6-1-55	2-27-56	9	400.23	232.27	
C3	57.50	6-1-55	4-30-56	11	632.50	44.47	6-1-55	2-27-56	9	400.23	232.27	
REMARKS:												

FORM NO. G-365
(11-51)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

DETERMINATION OF AWARD

ANCE ANNUITY OR LUMP-SUM DEATH PAYMENT

FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
NOVEMBER 14, 1951

1. ADMINISTRATIVE VOUCHER NO.
33012

2. ☒ FINAL CERTIFICATION
☐ SUBJECT TO RECERTIFICATION **(3)**

3. CLAIM NO.

WC D-299059

4. DECEASED EMPLOYEE

James J. Condran

5. EMPLOYEE'S S.S.A. NO.

710-03-1766

8. REQUIRED QUARTERS

RRA **36** SSA **8**

9. MILITARY SERVICE QUARTERS

none

12. EMPLOYEE DIED INSURED

RRA **36** SSA **8**

PARTIALLY CURRENTLY

COMPLETELY ☒ FULLY ☒

6. DATE OF BIRTH

3-2-96

7. DATE OF DEATH

6-19-55

10. TOTAL QUARTERS

over 40

11. CURRENT QUARTERS

RRA **36** SSA **8**

14. COMP. DATE

RRA **6-27-55**

TOTAL WAGES AND COMP.

\$34347.04

DIVISOR **219**

AVER. NO. REMUNERATION **156.84**

INCREMENTS **14**

BASIC AMOUNT

\$43.53

TEN TIMES BASIC AMOUNT

\$435.30

15. COMP. DATE

SSA **1-1-55**

TOTAL WAGES AND COMP.

\$7200.00

DIVISOR **24**

AVERAGE MONTHLY WAGE **300.00**

INCREMENTS **—**

PRIMARY BENEFIT

—

PRIMARY AMOUNT

9850

16. INSURED UNDER SECTION 5(1)(7)(11) OF 1937 ACT, AS AMENDED

17. TOTAL REIMBURSABLE BURIAL EXPENSES ARE \$

☐ RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS OF SERVICE BEGAN TO ACCRUE BEFORE 1948. MONTHLY COMPENSATION: \$

BASIC AMOUNT

9

PAID AS FOLLOWS:

REMAINS UNPAID \$

18. ☐ WIDOW

☐ WIDOWER

ENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF EMPLOYEE'S DEATH. AMOUNT OF SPOUSE'S ANNUITY \$

19. SYMBOL RELATIONSHIP DATE OF BIRTH CLAIM FILED

RAILROAD RETIREMENT ACT

SOCIAL SECURITY ACT

SSA NUMBER

W Eileen 8-2-10 7-7-55

NORMAL ANNUITY **43.53**

ORIG. BENEFIT **—**

04250

C1 Eileen 6-1-47

OTHER BENEFITS **None**

ADJ. ANNUITY **57.50**

0441

C2 John 4-24-45

OTHER BENEFITS **None**

ADJ. ANNUITY **57.50**

None

C3 James P. 10-21-39

OTHER BENEFITS **None**

ADJ. ANNUITY **57.50**

None

177.40

172.50

172.50

None

20. REDUCTION FOR OTHER BENEFITS PAYABLE BY REASON OF MILITARY SERVICE

(A) INCREASE RESULTING FROM MILITARY SERVICE \$

(B) AMOUNT OF OTHER BENEFITS PAYABLE \$

(C) RATIO BY WHICH MILITARY SERVICE INCREASES QUARTERS OF COVERAGE %

21. CHECK MAXIMUM PAYABLE

RRA ☐ \$30 ☐ \$160 ☐ 2-2/3 BASIC AMOUNT \$

SSA ☐ \$40 ☐ \$150 ☐ 80% AVERAGE WAGE \$

23. REMARKS:

X 1954: Wc 1955 earnings over \$1940 under \$2000 - 10 mos. annuity deduction required. only June thru Dec can be applied. P14 1956 earnings \$2000.00

23. CERTIFICATION OF PAYMENT

C-3 1955 + 1956 earnings under \$1940

FINAL PAYMENT

YES ☐

NO ☒

SYMBOL

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT OR AS REPRESENTATIVE OF THE CLAIMANT WHOSE NAME ALSO APPEARS BELOW

MONTHLY RATE OR SHARE

BEGINNING DATE

NET AMOUNT PAID

C

EILEEN CONDRON

172.50

6-1-55

96.60

for children

147 BRADLEY ST.

NEW HAVEN 11 CONN

EXAMINER

3-2156700

COMPUTER

3-27-56

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED.

DATE **4 10 56**

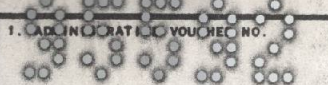
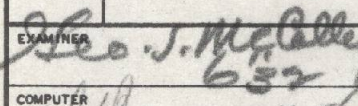
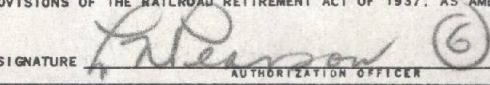
SIGNATURE

Robert H

AUTHORIZATION OFFICER

FORM NO. G-96 (1-55) RAILROAD RETIREMENT BOARD UNITED STATES OF AMERICA TERMINATION OR SUSPENSION OF PAYMENTS		SSA NO. 8 710-03-1966	RRB CLAIM NO. WCD-299059
YOUR NO.		NAME OF PAYEE Eileen Condron Auer for children	
PLATE IMPRESSION		CONTROL NO. (FOR USE OF PLATE FILES UNIT ONLY)	
DATE PAYMENTS SHOULD HAVE BEEN (SHOULD BE) STOPPED 6-1-55		EMPLOYER'S NAME	
TERMINATION INSURANCE ANNUITANT <input type="checkbox"/> 41 Beneficiary died* <input type="checkbox"/> 42 Beneficiary (child) attained age 18 or disabled child (18 or over) recovered from disability* <input type="checkbox"/> 44 Beneficiary (child) married or adopted, or widow or parent remarried* <input type="checkbox"/> 43 Widow's current annuity terminated by last child's attainment of age 18 or disabled child's recovery from disability <input type="checkbox"/> 45 Widow's current annuity terminated by last child's death, marriage or adoption <input type="checkbox"/> 46 Beneficiary entitled to equal or greater benefits* <input type="checkbox"/> Other (See Remarks) REMARKS W's 1955 earnings are \$1200		SUSPENSION INSURANCE ANNUITANT <input type="checkbox"/> 11 Beneficiary in employer service* <input type="checkbox"/> 12 Beneficiary under age 72—earnings exceed \$1,200 per year* <input type="checkbox"/> 14 Widow does not have entitled child in her care <input type="checkbox"/> 16 Payee not determined <input type="checkbox"/> 16 Withdrawn for investigation <input type="checkbox"/> 16 Recovery of an erroneous payment <input checked="" type="checkbox"/> Other (See Remarks) *DATE OF BIRTH OF BENEFICIARY C1 6-1-47 C2 4-24-45 C3 10-21-39	
SPOUSE ANNUITANT <input type="checkbox"/> 51 Spouse died <input type="checkbox"/> 53 Spouse under age 65 no longer has "child" in her care <input type="checkbox"/> 57 Spouse divorced <input type="checkbox"/> 59 Annuitant's or pensioner's benefit terminated RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 01 Annuitant or pensioner died <input type="checkbox"/> 08 Annuitant recovered from disability		SPOUSE ANNUITANT <input type="checkbox"/> 52 Spouse worked in employer service <input type="checkbox"/> 58 Annuitant's benefit suspended <input type="checkbox"/> 56 Other (See Remarks) RET. ANNUITANT OR PENSIONER <input type="checkbox"/> 02 Annuitant returned to employer service <input type="checkbox"/> 07 Annuitant returned to last person service <input type="checkbox"/> 09 Disability annuitant earned more than \$100 in a month <input type="checkbox"/> 06 Other (See Remarks)	

FORM NO. G-363 (9-50) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD PAYMENT SUMMARY FORM APPROVED BY COMPTROLLER GENERAL, U.S. DECEMBER 18, 1950						EXAMINER Leo S. McCally 632		CLAIM NO. WCD-299059					
ACCRUED PAYMENTS						DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)				NET AMOUNT DUE			
SYMBOL	MO.	RATE	FROM	TO	NO. MOS.	AMOUNT	MO.	RATE	FROM		TO	NO. MOS.	AMOUNT
W	6669	6-1-55	8-31-55	3		300.07							300.07
C1	4447	6-1-55	8-31-55	3		133.41							133.41
C2	4447	6-1-55	8-31-55	3		133.41							133.41
C3	4447	6-1-55	8-31-55	3		133.41							133.41
												600.30	
REMARKS:													

NO. G-365 (11-51) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD DETERMINATION OF AWARD RRA ANNUITY OR LUMP-SUM DEATH PAYMENT FORM APPROVED BY COMPTROLLER GENERAL, U.S. NOVEMBER 14, 1951			1. ADMINISTRATIVE VOUCHER NO. <div style="text-align: center;">  </div>			3. CLAIM NO. <div style="text-align: center; font-size: 1.5em;"> W WCD 299059 </div>																																																													
2. <input checked="" type="checkbox"/> FINAL CERTIFICATION <input type="checkbox"/> SUBJECT TO RECERTIFICATION			4. DECEASED EMPLOYEE <div style="text-align: center; font-size: 1.2em;"> JAMES P. CONDRON </div>			5. EMPLOYEE'S S.S.A. NO. <div style="text-align: center; font-size: 1.2em;"> 710-03-1966 </div>																																																													
8. REQUIRED QUARTERS RRA SSA		9. MILITARY SERVICE QUARTERS RRA SSA		12. EMPLOYEE DIED INSURED RRA SSA PARTIALLY CURRENTLY COMPLETELY FULLY		6. DATE OF BIRTH <div style="text-align: center; font-size: 1.2em;"> 3-2-96 </div>		7. DATE OF DEATH <div style="text-align: center; font-size: 1.2em;"> 6-29-55 </div>																																																											
10. TOTAL QUARTERS <div style="text-align: center; font-size: 1.5em;"> 50 </div>		11. CURRENT QUARTERS RRA SSA		13. QUARTERS COVERAGE AFTER RETIREMENT ANNUITY BEGAN: QUARTERS RETIREMENT ANNUITY PAYABLE BEFORE AGE 65:		<div style="text-align: center; font-size: 1.5em;"> 0 </div>		<div style="text-align: center; font-size: 1.5em;"> 0 </div>																																																											
14. COMP. DATE RRA 6-29-55		TOTAL WAGES AND COMP. \$ 34349.04		DIVISOR 219		AVER. NO. REMUNERATION 156.84		INCREMENTS 14																																																											
15. COMP. DATE SSA 1-1-55		TOTAL WAGES AND COMP. \$ 7200.00		DIVISOR 24		AVERAGE MONTHLY WAGE 300.00		INCREMENTS —																																																											
16. INSURED UNDER SECTION 5(1)(7)(11) OF 1937 ACT, AS AMENDED						17. TOTAL REIMBURSABLE BURIAL EXPENSES ARE \$																																																													
RETIREMENT ANNUITY BASED ON AT LEAST 10 YEARS <input type="checkbox"/> OF SERVICE BEGAN TO ACCRUE BEFORE 1948 MONTHLY COMPENSATION: \$						BASIC AMOUNT \$		PAID AS FOLLOWS:																																																											
<input type="checkbox"/> PENSION PAYABLE AT DEATH - MONTHLY EARNINGS: \$						REMAINS UNPAID \$		\$																																																											
18. <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER ENTITLED TO SPOUSE'S ANNUITY FOR MONTH PRECEDING MONTH OF EMPLOYEE'S DEATH. AMOUNT OF SPOUSE'S ANNUITY \$																																																																			
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EXAMINER <div style="text-align: center;">  </div>		1. THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, HEREBY CERTIFY PURSUANT TO LAWFULLY DELEGATED AUTHORITY THAT THE FOREGOING STATEMENTS ARE MY DECISION OF FACT AND LAW AS TO BENEFIT(S) TO BE PAID AND THAT ALL INDICATED BENEFIT(S) ARE IN ACCORDANCE WITH THE PROVISIONS OF THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED. DATE 8-26-55 SIGNATURE  AUTHORIZATION OFFICER																																																																	

D299059

(DO NOT WRITE IN THIS SPACE)
OFFICIALLY FILED

(DATE) 7/7/55
NEW HAVEN, CONN.

Excluding Bridge

APPLICATION FOR WIDOW'S AND CHILD'S INSURANCE ANNUITIES

(THIS MAY ALSO BE CONSIDERED AN APPLICATION FOR ANY INSURANCE BENEFITS
PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT, AS AMENDED)

ALL ITEMS REQUIRING AN ANSWER MUST BE ANSWERED OR MARKED "UNKNOWN." RETURN THIS FORM
TO THE RAILROAD RETIREMENT BOARD,

I, EILEEN NONE CONDRON, unless otherwise indicated hereby apply for all
(PRINT - YOUR FIRST - MIDDLE - LAST NAME)
annuities and lump sums which may be payable to me and the children listed in item 9 under the provisions
of the Railroad Retirement Act, as amended.

INFORMATION ABOUT DECEASED EMPLOYEE

1. Name JAMES PATRICK CONDRON 710-03-1966
(PRINT FIRST - MIDDLE - MAIDEN NAME IF FEMALE - LAST NAME) (SOCIAL SECURITY ACCOUNT NUMBER)
2. Date and place of birth 3-2-1896 COUNTY CARRO
(MONTH - DAY - YEAR) (CITY OR TOWN) (STATE OR FOREIGN COUNTRY)
3. Date and place of death 6-29-1955 NEW HAVEN
(MONTH - DAY - YEAR) (CITY OR TOWN) (STATE OR FOREIGN COUNTRY)
4. In what State (or foreign country) did the deceased employee have his fixed, permanent home when he
died? Conn.

5. (a) How many times was the deceased employee married? Once
(NUMBER)
(b) Give the following information about each marriage of the deceased employee, including his
marriage to you:

MARRIAGE(S)	TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED
1. DATE <u>5-17-1933</u> PLACE <u>New Haven Conn.</u>	<u>Eileen O'Neill</u>	<u>Death</u>	DATE <u>6-29-55</u> PLACE <u>New Haven Conn.</u>
2. DATE PLACE			DATE PLACE
3. DATE PLACE			DATE PLACE

6. Did the deceased employee serve in the active military or naval service of the United States after
September 7, 1939? No If "Yes," answer (a), (b), and (c):
(YES OR NO)

(a) Give: _____ (BRANCH OF SERVICE) _____ (DATE OF ENTRY)
_____ (PLACE OF ENTRY) _____ (DATE OF DISCHARGE) _____ (PLACE OF DISCHARGE)
_____ (MILITARY ORGANIZATION OR VESSEL AT TIME OF DISCHARGE) _____ (SERIAL NUMBER, IF NONE, GIVE RANK)

(b) Was the deceased employee receiving a monthly benefit from any Federal agency other than the
Railroad Retirement Board? No If "Yes," give name of agency: _____
(YES OR NO)

(c) Have you or any other person received, or does anyone expect to receive, monthly benefits because
of the death of the employee from any Federal agency other than the Railroad Retirement
Board? No If "Yes," give name of agency: _____
(YES OR NO)

7. List all employment for hire performed by the deceased employee during the last 3 years in which he
worked:

NAME OF PERSON OR COMPANY FOR WHOM HE WORKED	ADDRESS OF EMPLOYER	WORK BEGAN		WORK ENDED	
		MONTH	YEAR	MONTH	YEAR
<u>N.Y. N.H. & H. R.R.</u>	<u>New Haven Conn.</u>	<u>4</u>	<u>1952</u>	<u>4</u>	<u>1955</u>

8. Did the deceased employee receive income, as a self-employed person (whether as sole owner or partner), from a trade or business during the year in which he died or during the two years preceding the year of his death? No (YES OR NO) If "Yes," give the following information:

(a) Describe kind of trade or business: _____

(b) Period of self-employment: From _____ to _____

INFORMATION ABOUT CHILDREN

9. Give the following information about each of the employee's surviving children who at the time of the employee's death was unmarried and either (a) under age 18, or (b) age 18 or older and unable to engage in any regular employment because of a disability which began before age 18; show relationship by placing (✓) in the proper column:

FULL NAME OF CHILD	DATE OF BIRTH			RELATIONSHIP TO THE DECEASED EMPLOYEE			
	MONTH	DAY	YEAR	LEGITIMATE	ADOPTED	STEPCHILD	ILLEGITIMATE
John Joseph Condron	4	24	1945	✓			
Eileen Barbara Condron	6	1	1947	✓			
James Patrick Condron	10	21	1939	✓			

(If you are not filing this application on behalf of any child listed above, give under "Remarks" (last page) the name and address of such child and the reason for not filing. If a child of the deceased employee is born after this application is filed, notify the nearest office of the Railroad Retirement Board promptly, as such child may receive benefits.)

THE FOLLOWING ITEMS PERTAIN ONLY TO THE CHILDREN LISTED IN ITEM 9 FOR WHOM APPLICATION IS BEING FILED

10. Has a court appointed a legal guardian for any child? No (YES OR NO) If "Yes," give:

(NAME OF CHILD)

(NAME AND ADDRESS OF GUARDIAN)

11. Has any child ever been adopted by anyone, other than the deceased employee? No (YES OR NO) If "Yes," give the name of the child, by whom adopted, relationship to child and date of adoption: _____

12. Has any child married since the death of the employee? No (YES OR NO) If "Yes," give the name of the child who married and the date of marriage: _____ (CHILD'S NAME) (MONTH - DAY - YEAR)

13. (a) Were all the children living with the employee when the employee died? Yes (YES OR NO) If "No," give the following information about each child not living with the employee when he died:

FULL NAME OF CHILD	PERSON WITH WHOM CHILD WAS LIVING AT TIME OF EMPLOYEE'S DEATH		
	NAME	ADDRESS	RELATIONSHIP TO CHILD

- (b) Was anyone contributing to the support of any child listed in item 13(a) when the employee died? _____ (YES OR NO) If "Yes," give the following information:

FULL NAME OF CHILD	PERSON CONTRIBUTING TO SUPPORT OF CHILD		
	NAME	ADDRESS	RELATIONSHIP TO CHILD

INFORMATION ABOUT APPLICANT

14. Give your full maiden name: Eileen O'Neill

15. Date and place of birth 8 22 1910 County Carlow Ireland
(MONTH - DAY - YEAR) (CITY OR TOWN) (COUNTY) (STATE OR FOREIGN COUNTRY)

16. (a) When and where were you and the deceased employee married: 5-17-1933 Newman Newman Co. Carlow
(MONTH - DAY - YEAR) (TOWN OR CITY) (COUNTY) (STATE OR FOREIGN COUNTRY)

(b) Indicate by (✓) whether your marriage ceremony to the deceased employee was performed by:

☒ Clergyman or authorized public official ☐ Other (explain) _____

17. Were you married before your marriage to the deceased employee? No If "Yes," give the following information about each of your previous marriages: (YES OR NO)

PREVIOUS MARRIAGE(S)	TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED
1. DATE			DATE
PLACE			PLACE
2. DATE			DATE
PLACE			PLACE
3. DATE			DATE
PLACE			PLACE

18. Were you and the deceased employee living together at the same address when he died? Yes If "No," answer (a), (b), and (c): (YES OR NO)

(a) State why you and the deceased employee were not living together and when you separated: _____

(b) Was he under order by any court to contribute to your support? _____ If "Yes," a copy of such court order should be furnished. (YES OR NO)

(c) Was he contributing to your support? (Contributions may be in cash or kind, such as your living rent free in a house which he owned or owned jointly with you.) _____ If "Yes," state how often he contributed and in what amounts: _____ (YES OR NO)

19. Have you remarried since the death of the deceased employee? No If "Yes," when did you remarry? _____ (YES OR NO)
(MONTH - DAY - YEAR)

20. Are all of the children now actually living in the same household with you? Yes If "No," give the following information about each child not living with you: (If uncertain as to names, dates of birth, or present address of these children explain under "Remarks" on last page.) (YES OR NO)

FULL NAME OF CHILD	PERSON WITH WHOM CHILD NOW RESIDES		RELATIONSHIP TO CHILD
	NAME	ADDRESS	

INFORMATION ABOUT OTHER BENEFITS AND EMPLOYMENT

21. Have you or any of the children ever had a social security account number? Yes If "Yes," give: (YES OR NO)

YOUR NAME OR CHILD'S NAME AS SHOWN ON SOCIAL SECURITY CARD	SOCIAL SECURITY ACCOUNT NUMBER
<u>Eileen Condrow</u>	<u>042-30-0441</u>

22. Have you or has any other person to your knowledge previously filed an application on your own behalf or on behalf of any of the children for any benefits under the Social Security Act based on employment other than that of the deceased employee? No If "Yes," give: (YES OR NO)

(NAME OF WAGE EARNER ON WHOSE WAGES CLAIM WAS BASED)

(SOCIAL SECURITY ACCOUNT NUMBER)

23. Have you or has any other person previously filed an application on your own behalf or on behalf of any of the children for any benefits under the Railroad Retirement Act based on employment other than that of the deceased employee? No If "Yes," give: (YES OR NO)

(NAME OF EMPLOYEE ON WHOSE SERVICE CLAIM WAS BASED)

(SOCIAL SECURITY ACCOUNT NUMBER)

(RAILROAD RETIREMENT BOARD CLAIM NUMBER)

24. In the present calendar year did you or any child listed in item 9 work in employment for hire or as a self-employed person? (This includes all work even though it may or may not be covered under the

24. In the present calendar year did you or any child listed in item 9 work in employment for hire or as a self-employed person? (This includes *all work* even though it may or may not be covered under the Social Security Act or the Railroad Retirement Act.) Yes If "Yes," give the following information:
(a) For the present calendar year, give:

NAME OF EACH EMPLOYED PERSON	NAME AND ADDRESS OF EMPLOYER OR KIND OF SELF-EMPLOYMENT	SHOW MONTH OR MONTHS WORKED SINCE JANUARY 1 OF THIS YEAR BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE SPACE					
		JAN.	FEB.	MARCH	APRIL	MAY	JUNE
Mrs. James P. Geelan <i>Gross Earnings for the months Jan through May 1955</i>	284 West Elm St. Nashua Conn	✓	✓	✓	✓	✓	
		JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
		JAN.	FEB.	MARCH	APRIL	MAY	JUNE
		JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

- (b) For this year do you or any child expect to have total earnings of more than \$1200 from employment outside the railroad industry and self-employment? No If "Yes," answer (1), (2), and (3) below:
(YES OR NO)

- (1) Give name and expected earnings of each person whom you expect will have total earnings in excess of \$1200 for this year:

NAME None AMOUNT \$ _____
NAME _____ AMOUNT \$ _____

- (2) Give the name of the person and list the months since January 1 of this year in which such person's monthly earnings did not exceed \$80 and in which such person did not render services as a self-employed person. (If none, write "None.")

NAME Mrs. Leileen Condon MONTHS Jan thru May, 1955
NAME _____ MONTHS _____

- (3) If any person is now working for more than \$80 a month or rendering services as a self-employed person, does such person expect to continue in such employment? No If "Yes," give name of each such person: _____
(YES OR NO)

25. Answer this question only if the employee died before January 1 of this year.

(a) During the preceding calendar year did you or any child work in employment for hire? (YES OR NO)

If "Yes," give the following information about all such employment, including employment in the railroad industry:

PERSON'S NAME	NAME AND ADDRESS OF EMPLOYER	SHOW AMOUNT OF MONTHLY EARNINGS BEFORE DEDUCTIONS FOR INCOME TAX, SOCIAL SECURITY, ETC.					
		JAN.	FEB.	MARCH	APRIL	MAY	JUNE
		JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
		JAN.	FEB.	MARCH	APRIL	MAY	JUNE
		JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

(b) During the preceding calendar year were you or any child self-employed? No If "Yes," give the following information about such employment: (YES OR NO)

(1)	NAME OF PERSON	KIND OF SELF-EMPLOYMENT	NET EARNINGS FOR PRECEDING CALENDAR YEAR
			\$
			\$

(2)	NAME OF PERSON	SHOW MONTH OR MONTHS SERVICES WERE RENDERED AS A SELF-EMPLOYED PERSON BY ENTERING A CHECK MARK (✓) IN THE APPROPRIATE COLUMN											
		JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.

26. Have you or any child worked in employment for hire or self-employment outside the United States, Alaska, Hawaii, Puerto Rico, or the Virgin Islands on 7 or more calendar days in any one of the

last 13 months, including the present month? No If "Yes," give the name of each such person (YES OR NO)

and the country in which each person worked:

APPLICANT'S AGREEMENT

- I. An insurance annuity is not payable for any month to: (a) a widow or child in which she (he) works for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much is earned, or (b) a widow, while under age 72, or child in which she (he) works outside the United States on 7 or more different calendar days in employment for hire or self-employment not covered by the Social Security Act or the Railroad Retirement Act, or (c) a widow, under age 60, in which she does not have in her care a child of the deceased employee entitled to a child's insurance annuity.
- II. An insurance annuity cannot be paid for one or more months to a widow, while under age 72, or a child if they: (a) work in the United States for more than \$80 in employment for hire or render substantial services as a self-employed person during any month and have earnings in excess of \$1200 for the taxable year (this applies to all work, in employment for hire or self-employment, whether or not covered by the Social Security Act), or (b) are citizens of the United States and while outside the United States they work for more than \$80 in employment for hire or render substantial services as a self-employed person during any month and have earnings covered by the Social Security Act in excess of \$1200 for the taxable year.
- III. A widow's insurance annuity ends with the month before the month in which (a) she remarries, or (b) there no longer is a child of the deceased employee entitled to a child's insurance annuity and the widow is under age 60.
- IV. A child's insurance annuity ends with the month before the month in which the child (a) attains age 18, unless such child is disabled for any regular employment; or (b) recovers from such disability which began before the child attained age 18, if age 18 or older; or (c) dies; or (d) marries; or (e) is legally adopted (unless the adoption is by the child's stepparent, grandparent, aunt, or uncle).

For the purpose of this agreement, the term "United States" includes Alaska, Hawaii, Puerto Rico, and the Virgin Islands.

(QUESTIONS 27 THROUGH 29 MUST BE ANSWERED)

27. Do you agree to notify the Railroad Retirement Board promptly of the occurrence of any of the events described in I, II, III, and IV above? Yes (YES OR NO)

28. Do you agree to apply all payments made to you on behalf of a child for the use and benefit of that child? Yes (YES OR NO)

29. Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act for yourself or on behalf of any child or, if you learn you could receive

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(YES OR NO)
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(YES OR NO)
29. Do you agree to notify the Railroad Retirement Board promptly if you receive monthly benefits under the Social Security Act for yourself or on behalf of any child or, if you learn you could receive such benefits upon filing an application? Yes
(YES OR NO)

REMARKS: (THIS SPACE MAY BE USED FOR EXPLAINING ANY ANSWERS TO THE QUESTIONS. IF MORE SPACE IS REQUIRED, ATTACH A SEPARATE SHEET)

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

SIGNATURE OF APPLICANT:

✓ Geleen Condron
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)
14713 BRADLEY ST.
(STREET AND NUMBER)
NEW HAVEN
(CITY)
NEW HAVEN CONN.
(COUNTY) (STATE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:

ST-7-1074
(IF NONE, WRITE "NONE")

DATE SIGNED July 7 1955
(MONTH) (DAY) (YEAR)

1. _____
(NAME)

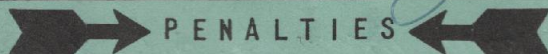
(STREET AND NUMBER)

(CITY) (ZONE) (STATE)

2. _____
(NAME)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE)



SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

HEADQUARTERS CHECK LIST FOR DEVELOPMENT OF CLAIMS FOR SURVIVOR BENEFITS

FORMS TO BE RELEASED (✓)



☐ (DATE RELEASED) _____

☐ FORM G-659A (DATE RELEASED) _____

☐ FORM G-73A (DATE RELEASED) _____

☐ FORM RL-94.F TO: _____

(FIELD OFFICE) (DATE RELEASED)

NAME _____

ADDRESS _____

CITY _____ STATE _____

REMARKS: _____

CLAIM NO. _____

EXAMINER _____

DATE _____

ITEMS TO BE REQUESTED

1. FORM AA-17

2. FORM AA-18

3. FORM AA-19

4. FORM AA-20

5. FORM AA-21

6. FORM G-467

7. PROOF OF DEATH

8. PROOF OF MARRIAGE

9. PROOF OF AGE OF: _____

10. PROOF OF RELATIONSHIP OF: _____

PREPARE FORM G-96 (✓)

☐ EMPLOYEE (01) (CODE) (DATE RELEASED) _____

☐ SPOUSE (59) (CODE) (DATE RELEASED) _____

EFFECTIVE _____

DATE OF EMPLOYEE'S DEATH: _____

NAME OF EMPLOYER: _____

REMARKS: _____

☐ EMPLOYEE'S PAYMENTS PREVIOUSLY SUSPENDED BECAUSE _____

PREPARE FORM RL- _____

TO: ITEM NUMBERS _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

PREPARE FORM RL- _____

TO: ITEM NUMBERS _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

23023

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET, CHICAGO, ILLINOIS 60611

R.R.B. No.

Date

C.D.R. No.

D. 299059
11/6/78
05676

ACKNOWLEDGMENT OF REFUND

Your remittance made as reimbursement for overpayment was received on 10/30/78
The present status of your account is as follows:

Previous balance: 109.76
Current payment: 109.76
Balance due: -0-

Mrs. Eileen Hyland
6 Damen St
East Haven, Ct 06512

H. P. Gibbons

H. P. Gibbons
Director of Retirement Claims

Always give R.R.B. number when writing to the Board



Dear Sir,
This is the check
you requested that I
return because of my
recent marriage.
Thank you for the
service rendered in the
past.
Sincerely,
Eileen Hyland

R.R.B. No. D299059.

East Haven
Conn.
Eileen Hyland

FORM G-90 (1-78)

REQUEST FOR MEDICARE FUNDS TRANSFER

1 RRB CLAIM NUMBER A 299059		2 NAME OF ENROLLEE Eileen Condron		3 AMOUNT TO BE TRANSFERRED \$ 8.20	
4 PERIOD COVERED 10-1-78 - 10-31-78		5 CD NUMBER (PR USE ONLY)		6 JV NUMBER (HIO USE ONLY)	
7 FROM <input checked="" type="checkbox"/> SMI PREMIUM ACCOUNT - AGE 65 (20 X 8004.5) <input type="checkbox"/> SMI PREMIUM ACCOUNT - DISABILITY (20 X 8004.7) <input type="checkbox"/> REGULAR RR ACCOUNT (60 X 8011) <input type="checkbox"/> SPECIAL RR ACCOUNT (60 X 6875) <input type="checkbox"/> SSA ACCOUNT - OASI (20 X 8006) <input type="checkbox"/> SSA ACCOUNT - DI (20 X 8007) <input type="checkbox"/> OTHER (SPECIFY) _____		8 TO <input type="checkbox"/> SMI PREMIUM ACCOUNT - AGE 65 (20 X 8004.5) <input type="checkbox"/> SMI PREMIUM ACCOUNT - DISABILITY (20 X 8004.7) <input checked="" type="checkbox"/> REGULAR RR ACCOUNT (60 X 8011) <input type="checkbox"/> SSA ACCOUNT - OASI (20 X 8006) <input type="checkbox"/> SSA ACCOUNT - DI (20 X 8007) <input type="checkbox"/> OTHER (SPECIFY) _____ FOR PR USE ONLY: <input type="checkbox"/> APPROPRIATE SMI ACCOUNT (TO BE DETERMINED BY HIO)			
9 REMARKS					
REQUESTED BY Omagin		UNIT SMS	DATE 10-5-78	TRANSFERRED BY DATE	

RRB FORM G-358 (10-76)

NOTICE OF ANNUITY ADJUSTMENT

CLAIM NUMBER	PC SY	RATE BEFORE SMIB OLD	NEW	SMI CD	TOTAL WK DED AMT
WD 299059	1 W	122.96	117.96	1A	00.00

ID	PIA	TIER 1 DATA DRC GROSS	NET	TIER 2 DATA	WINDFALL DATA
W 278.10		278.10	00.00	83.43	34.53

ID	AGE	REDUCTION AMOUNTS ACT ADJ MS	WITHHOLD WVR	ADJ CHECK DATE	AMOUNT
W 00.00		00.00	00.00	7-01-78	109.76

ID	NEW REG ANN RATE AFTER SMIB	SS BENEFIT DATA AMOUNT SFX	PIA	PD BY RRB
W 109.76		296.50	A	296.20

REMARKS

FOLDER RECORDS PRINTED ON 8-14-78
USED SS MBR RATE-EXCEEDS RES SS BENEFIT-PC 1 JUL-78

Mrs. Eileen Hyland
6 Damen Drive
East Haven, CT
06512

OCT 10 1978

In reply refer to
RRB No. D-299059

Dear Mrs. Hyland:

Under the Railroad Retirement Act, an annuity is not payable beginning with the month in which a survivor annuitant marries. Since you married in September, 1978, no annuity was payable after August 31, 1978.

Accordingly, you are requested to return to the Treasury Department, Post Office Box 8670, Chicago, Illinois, 60680 the check dated October 1, 1978 in the amount of \$109.76.

If the check has been cashed, refund must be made for \$109.76 by check or money order payable to the U.S. Railroad Retirement Board and forwarded to the Board's Bureau of Retirement Claims.

Your prompt attention to this matter will be appreciated.

Further, the Social Security Administration will now have jurisdiction over your Medicare. We have advised them that your premiums are paid through September, 1978.

Very truly yours,

H. P. Gibbons
Director of
Retirement Claims

CM:toy
10/6/78

RAILROAD RETIREMENT BOARD
844 RUSH STREET, CHICAGO, ILLINOIS 60611

**REPORT OF HEALTH INSURANCE INFORMATION
SSA JURISDICTION**

1 DATE

OCT 10 1978

2 RRB CLAIM NUMBER

PREFIX

NUMBER

WD 299059

3 RR EMPLOYEE'S SSA NUMBER

710-03-1966

4 BENEFICIARY'S SSA NUMBER

30441

5 BENEFICIARY'S NAME AND ADDRESS

Edward J. Gibbons
401 SECURITY BLVD.
BALTIMORE, MD 21232
East Haven, CT 06512

SOCIAL SECURITY ADMINISTRATION

SECTION A. TRANSFER OF HIB AND SMIB DATA - NOT ELIGIBLE FOR HIB AS QRRB

When this section is completed send the original copy of the form to SSA, BDPA unless RRB records show current entitlement to SS monthly benefits in which case forward the original form to the SSA servicing reviewing office.

6 DATE APPLICATION FILED AT RRB:

7 REASON APPLICANT IS NOT QRRB:

8 SMIB ELECTION DATA ON RRB APPLICATION FORM:

☐ YES ☐ NO ☐ NO RESPONSE

SECTION B. TRANSFER OF JURISDICTION - NO LONGER A QRRB

When this section is completed, send original and one copy to servicing SSA DO (or to SSA, BDPA if RR credits being transferred) and one copy to SSA, BDPA, Correspondence Branch.

9 HIB COVERAGE:

EFFECTIVE:

8-1-75

11 FIRST SMIB COVERAGE PERIOD:

EFFECTIVE:

8-1-75

TERMINATED:

12 SECOND SMIB COVERAGE PERIOD:

EFFECTIVE:

TERMINATED:

13 PREMIUM RATE:

\$ 8.20

10 REASON RRB JURISDICTION ENDED AND DATE OF EVENT THAT ENDED IT:

☐ DEATH OF RR EMPLOYEE, DATE _____
☐ BENEFICIARY DIVORCED, DATE _____
☒ BENEFICIARY REMARRIED, DATE 9/14/78
☐ _____, DATE _____

14 PREMIUM PAID THROUGH:

MONTH

Sept

YEAR

1978

15 PREMIUM PAYMENT METHOD:

☒ DEDUCTIONS☐ DIRECT PAYMENT☐ STATE BUY-IN

H. P. GIBBONS, DIRECTOR OF RETIREMENT CLAIMS
RAILROAD RETIREMENT BOARD

SECTION C. DISTRICT OFFICE REPORT OF INFORMATION ABOUT CONTINUING HIB/SMIB ELIGIBILITY

Forward original copy to SSA servicing reviewing office. Complete copy and forward to BDPA, Correspondence Branch.

16 NEW CLAIM NUMBER:

17 NAME ON NEWLY ESTABLISHED HIB/SMIB RECORD:

18 DATE CLAIM FILED:

19 REMARKS:

20 DATE FORWARDED TO REVIEWING OFFICE:

21 SSA DO:

22 DATE:

RRB FORM RR-80 (10-70)

RAILROAD RETIREMENT BOARD
844 RUSH STREET, CHICAGO, ILLINOIS 60611

REPORT OF HEALTH INSURANCE INFORMATION
22A JURISDICTION

1 DATE
OCT 10 1978

2 RRB CLAIM NUMBER

3 PREFIX
WD

4 RRB EMPLOYEE'S 22A NUMBER
110-03-1966

5 BENEFICIARY'S 22A NUMBER
1441

6 BENEFICIARY'S NAME AND ADDRESS
SOCIAL SECURITY ADMINISTRATION
BDPA, CORRESPONDENCE AND
GROUP PREMIUM COLLECTION BRANCH
ANNEX 3-A-7
6401 SECURITY BLVD.
BALTIMORE, MD. 21235

7 REASON APPLICANT IS NOT QRRB:

8 DATE APPLICATION FILED AT RRB:

9 SMIB ELECTION DATA ON RRB APPLICATION FORM:
☐ YES ☐ NO ☐ NO RESPONSE

10 SECTION A. TRANSFER OF HIB AND SMIB DATA - NOT ELIGIBLE FOR HIB AS QRRB
When this section is completed send the original copy of the form to 22A, BDPA unless RRB records show current entitlement to 22 monthly benefits in which case forward the original form to the 22A servicing reviewing office.

11 SECTION B. TRANSFER OF JURISDICTION - NO LONGER A QRRB
When this section is completed, send original and one copy to servicing 22A DO (or to 22A, BDPA if RR credits being transferred) and one copy to 22A, BDPA, Correspondence Branch.

12 HIB COVERAGE:
EFFECTIVE: 8-1-78
13 FIRST SMIB COVERAGE PERIOD:
EFFECTIVE: 8-1-78
14 SECOND SMIB COVERAGE PERIOD:
EFFECTIVE: 8-1-78
15 PREMIUM RATE:
16 PREMIUM PAYMENT METHOD:
☒ DEDUCTIONS ☐ DIRECT PAYMENT
☐ STATE BUY-IN
17 NAME ON NEWLY ESTABLISHED HIB/SMIB RECORD:
18 DATE CLAIM FILED:
19 REMARKS:
20 DATE FORWARDED TO REVIEWING OFFICE:
21 22A DO:
22 DATE:

H. P. GIBBONS, DIRECTOR OF RETIREMENT CLAIMS
RAILROAD RETIREMENT BOARD

SECTION C. DISTRICT OFFICE REPORT OF INFORMATION ABOUT CONTINUING HIB/SMIB ELIGIBILITY
Forward original copy to 22A servicing reviewing office. Complete copy and forward to BDPA, Correspondence Branch.

May be used for window
envelope if folded properly

6 Damer Drive

East Haven

Conn 06512

Sir

This is to notify you
that I, Mrs Eileen Condron
claim number W.D. 299059
got married last Saturday
Sept. 16-78 to David J. Hyland
his Social Security no. 041-18-5818
my new address is 6 Damer Drive

Thank you

Mrs Eileen Hyland
6 Damer Drive

East Haven

Conn 06512

SEP 22 1978
RECEIVED

AFTER FIVE DAYS RETURN TO
Edmund Stewart
68 Lanier Avenue
East Haven Conn 06515
ZIP CODE



W. D. Fairman & Peterson & Board
844 First Street
Chicago, Illinois, 60611

MASTER BENEFIT ADJUSTMENT RECORD CONTROL
FOR RESEARCH USE ONLY
STATISTICAL SERVICES

CLAIM NO.

D-299059

ACCOUNT NO.

W/m 125(04)7501
Q/W 241(04) 7501

REJECT INFORMATION:

Type of Reject:

TRANSACTION

RECONCILIATION

POST EDIT

OTHER

ACCOUNTING
DATE

CODE

12-77075**Action Taken:**TYPE OF FILE 10 ☐ 20 ☐ 29 ☐ 30 ☐ 40 ☐ 50 ☒ 60 ☐ 80 ☐TYPE OF BENEFIT 1 ☒ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐INSERT ☐INT. ☐RECERT. ☐R&R ☐REIN. ☐DELETION ☐G-420A ☐G-247 ☐

REMARKS:

This Action Void After

MONTH

YEAR

PROCESSED BY

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
ANNUAL REPORT

N

Section 7(b)(6) of the Railroad Retirement Act of 1974 authorizes the U.S. Railroad Retirement Board to gather information and records necessary to assure proper administration of the Act. If you fail or refuse to furnish information which is necessary to determine your entitlement (or continuing entitlement) to benefits, non-payment of benefits may result.

1. AFTER 1975, or since the beginning date of your annuity if that was later, did you

A. Work for an employer in the railroad industry? ☐ YES ☒ NO

If "Yes," give:

NAME OF EMPLOYER

DATE WORK BEGAN

DATE WORK ENDED

B. Marry? ☐ YES ☒ NO

If "Yes," give:

DATE OF MARRIAGE

2. Did you earn MORE THAN \$2,760 in the calendar year 1976? ☐ YES ☒ NO

If "Yes," complete A through D:

A. Social security account number: - -

B. Total earnings from employment and self-employment in 1976. (Include GROSS earnings from ALL employment for hire and NET earnings from self-employment)

DOLLARS

CENTS

C. Name of employer:

D. Give the information asked for below:

1976 SHOW AMOUNT YOU EARNED EACH MONTH AS AN EMPLOYEE	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
1976	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
SHOW "X" FOR EACH MONTH WORKED AS A SELF-EMPLOYED PERSON												

3. Do you expect to earn MORE THAN \$3,000 in the calendar year 1977? ☐ YES ☒ NO

If "Yes," complete A and B:

A. Total expected earnings for entire year 1977 \$

B. Are you now working? ☐ YES ☒ NO

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

SIGNATURE

DATE OF REPORT

RAILROAD RETIREMENT BOARD
UNITED STATES OF AMERICA

May 5-1977

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

R X R 1-N-77

Bureau of Retirement Claims

WD

299059

AN

EILLEN CONDOR
44 LAKE ST
HAMDEN CT 06518

1

--	--	--	--	--	--	--	--	--	--

This form asks questions about events in 1976 and 1977 which could affect your Railroad Retirement Act benefits.

Please answer the questions, sign and date the form. If you need help in making your report, contact the nearest district office of the U.S. Railroad Retirement Board.

STARTING WITH THE MONTH A PERSON BECOMES AGE 72, EARNINGS ARE NO LONGER SUBJECT TO RESTRICTIONS. If reporting earnings for a person who was 72 in 1976, count only earnings for months in 1976 before age 72.

Please use the enclosed envelope to mail your report. The address on the envelope is used only for receiving these reports. If you wish to write to the Board about any other matter, please use a different envelope.

Very truly yours,

*H.P. Gibbons*H.P. Gibbons
Director of Retirement Claims

Enclosure

RAILROAD RETIREMENT BOARD
UNITED STATES OF AMERICA

(OVER)

M

(7-11)

FORM G-19a (GREEN)

RRB FORM RL-119 (11-76) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF ANNUITY ADJUSTMENT OR REINSTATEMENT	When Writing To The Board Always Give: THE EMPLOYEE'S NAME and THIS CLAIM NO. → WD-299059	DATE OCT 03 1977
---	--	----------------------------

Eileen Condron
14 Lake Street
Hamden, CT 06518

SSA # 710-03-1966

The monthly annuity payments in this case have been **reinstated** for the reason(s) given below.

The overpayment described in our letter of March 14, 1977 has now been recovered from your annuity.

Your annuity has been adjusted to pay you the increases due from January 1, 1976.

Benefits will now be paid as follows:

<u>NAME</u>	<u>MONTHLY RATE</u>	<u>EFFECTIVE DATE</u>
Eileen Condron	\$110.41	1-1-76
	115.48	6-1-76
	117.98	11-1-76
	122.96	6-1-77

Your check includes the amount due you through September 30, 1977 less the benefits that have been paid for that period or less an overpayment of \$396.11, made to you as described in our letter of March 14, 1977. Succeeding checks will be mailed during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest district office of the Board. If you call in person, please bring this notice and any other material you have about your claim with you.

cc: D.O.
New York, New York

H. P. Gibbons
H. P. Gibbons
Director of Retirement Claims

Enclosure
Check
706
974

MEYER: tm9-21-77

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

*Duffy
9/28/77*

DATE **IMPORTANT** **U.S. RAILROAD RETIREMENT BOARD**

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of your annuity.

**IF YOUR CHECKS ARE MAILED
DIRECTLY TO YOU --**

- ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check for any month for which you should not be paid, return the check to the:

Treasury Department
P.O. Box 8670
Chicago, Illinois 60680

- IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

**IF YOUR CHECKS ARE SENT TO YOUR
CHECKING OR SAVING ACCOUNT--**

- YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD if you change your home or mailing address, so that you will be sure to receive Board mail (including important notices about payment of your annuity).

If you believe the decision on your claim is incorrect, you may ask that the decision be reconsidered based on additional evidence you may have. If you have no additional evidence or statements to submit, you may ask for more details as to the reason for the decision.

If you still disagree with the decision after the claim has been reconsidered or additional information furnished, you may appeal to the Bureau of Hearings and Appeals. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

**ALWAYS GIVE YOUR CLAIM NUMBER AND THE EMPLOYEE'S NAME WHEN
WRITING TO US.**

AB-2 (11-76)

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

JUN 8 1977

Mrs. Eileen Condron
44 Lake Street
Hamden, Connecticut
06517

In reply refer to
R.R.B. No. D-299059
James P. Condron, Deceased

Dear Mrs. Condron:

This has reference to our letter of March 14, 1977 regarding an overpayment made to you in the amount of \$396.14.

Due to an error, your annuity was not suspended in time. Consequently, to recover the overpayment we will suspend your annuity effective with the check you would normally receive on August 1, 1977. The next check you will receive after the full overpayment has been withheld will be sent to you as soon as possible after September 1, 1977.

We wish to apologize for any inconvenience this delay may have caused you.

If you have any questions about this letter, contact the nearest office of the Board. If you call in person, bring this letter and any other material about your claim with you.

Very truly yours,

H. P. Gibbons
Director of Retirement Claims

CC: District Office
New York, New York

KMeyer:abh 6-6-77

H. Meyer

MAR 14 1977

Mrs. Eileen Condron
44 Lake Street
Hamden, Connecticut
06517

In reply refer to
R.R.B. No. D-299059
James P. Condron, Deceased

Dear Mrs. Condron:

Based on the earnings information you furnished for the year 1975, you have been overpaid \$396.14. For the year 1975, your annuity is subject to a reduction of \$1 for every \$2 you earned over \$2,520. However, no reduction is made for any month in which you earned \$210 or less, or in which you were age 72 or older.

To recover the overpayment we will withhold your annuity beginning with the check you would normally receive on May 1, 1977. The next check that you will receive after the full overpayment has been withheld will be sent to you about June 15, 1977. If you do not wish to have your annuity suspended that long, you can refund the overpayment. Send a check or money order to the U. S. Railroad Retirement Board in the enclosed envelope.

The enclosed pamphlet explains how annuity payments are affected because of excess earnings. If you have any questions about this letter, contact the nearest district office of the Board. If you call in person, bring this letter and any other material about your claim with you.

Very truly yours,

H. P. Gibbons
Director of Retirement Claims

Enclosure
G-74
Envelope

CC: District Office
New York, New York

KMeyer:abh 2-28-77

A. Meyer
Rosa Chaplin

*Case returned from
authorization + all comp.
missing. Must be
recomputed.
A. Meyer
6-3-77*

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
ANNUAL REPORT

N

Section 7(b)(6) of the Railroad Retirement Act of 1974 authorizes the U.S. Railroad Retirement Board to gather information and records necessary to assure proper administration of the Act. If you fail or refuse to furnish information which is necessary to determine your entitlement (or continuing entitlement) to benefits, non-payment of benefits may result.

1. AFTER 1974, or since the beginning date of your annuity if that was later, did you

A. Work for an employer in the railroad industry? ☐ YES ☒ NO

If "Yes," give:

NAME OF EMPLOYER

DATE WORK BEGAN

DATE WORK ENDED

B. Marry? ☐ YES ☒ NO

If "Yes," give:

DATE OF MARRIAGE

2. Did you earn MORE THAN \$2,520 in the calendar year 1975? ☒ YES ☐ NO

If "Yes," complete A through D:

A. Social security account number: 042-30-0441-A

B. Total earnings from employment and self-employment in 1975. (Include GROSS earnings from ALL employment for hire and NET earnings from self-employment)

9,578

39

DOLLARS

CENTS

C. Name of employer: N.H. Redevelopment Agency

the information asked for below:

1975	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE						
SHOW AMOUNT YOU EARNED EACH MONTH AS AN EMPLOYEE	820.40	656.32	656.32	656.32	820.40	656.32						
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER						
	980.83	490.35	653.80	318.73								
1975	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
SHOW "X" FOR EACH MONTH WORKED AS A SELF-EMPLOYED PERSON												

expect to earn MORE THAN \$2,760 in the calendar year 1976? ☐ YES ☒ NO

," complete A and B:

total expected earnings for entire year 1976 \$

B. Are you now working? ☐ YES ☒ NO

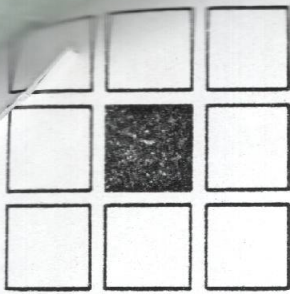
CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

DATE SIGNED

SIGNATURE OF PERSON MAKING THIS REPORT

Feb. 19-1977

Gileen Condron



New Haven
Redevelopment Agency

One Fifty Seven Church Street
Connecticut 06510 436-0800

William T. Donohue
Executive Director

February 18, 1977

To Whom It May Concern,

Mrs. Eileen Condron's Gross Wages for the year 1975 is as follows;

January	- 1975	\$ 820.40
February	- 1975	656.32
March	- 1975	656.32
April	- 1975	656.32
May	- 1975	820.40
June	- 1975	656.32
July	- 1975	980.83*
August	- 1975	490.35
September	- 1975	653.80
October	- 1975	3,187.33**

*Included payment of two weeks vacation from the month of August - 1975.

**Included payment of 70 1/2 Sick Days; 10 Vacation Days; 1 Holiday.

If further information is needed please feel free to contact me.

Respectfully yours,

Gina Altieri

Gina Altieri
Chief Bookkeeper

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

N

BUREAU OF RETIREMENT CLAIMS

Eileen Condron
44 Lake St.
Hamden, Ct. 06518

D *299059*

RHS

This form asks questions about events in 1975 and 1976 which could affect your Railroad Retirement Act benefits.

Answer the questions, sign and date the form, and promptly return the form to the Board in the enclosed envelope.

Even if you are not now receiving annuity payments, you should complete and return the form. If you are presently receiving payments, such payments may be suspended unless you return the completed form within 30 days.

Very truly yours,

Dm Smith

D. M. Smith
Director of Retirement Claims

Enclosure

(OVER)



RAILROAD RETIREMENT BOARD
UNITED STATES OF AMERICA

H

WD 299059

44 Lake Street

Hamden, Conn

06517.

6-19-10
2/10

Dear Sir,

Last July you notified me that you were increasing R.R. Retirement checks to adjust to the upward cost of living and that you hadn't gotten to mine. After waiting six months I wrote you and received from you a request for my deceased Husband's social security number and also the claim number. I sent you both of those in Dec; but as of yet

I haven't gotten my overdue
adjustment.

I am again sending you
my husband's S.S. Number and
claim number.

Social Security of James P. Sondron
710-03-1966.
Claim Number. W.D. 299059

Respectfully

Mrs. Lillian Sondron

44 Lake Street

Hamden, Conn
06517.



FOLDER RECORD OF ACTION TAKEN

D-299059

FORM RELEASED

G-19a

RELEASED TO

W

OTHER ACTION:

1975 earnings

2-16-77

(DATE)

J. Meyer

(EXAMINER)

RRB Chicago

FOLDER RECORD OF ACTION TAKEN

D-299059

FORM RELEASED

G-19a

RELEASED TO

W

OTHER ACTION:

2-2-77

(DATE)

J. Meyer

(EXAMINER)

RRB Chicago

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
ANNUAL REPORT

N

Section 7(b)(6) of the Railroad Retirement Act of 1974 authorizes the U.S. Railroad Retirement Board to gather information and records necessary to assure proper administration of the Act. If you fail or refuse to furnish information which is necessary to determine your entitlement (or continuing entitlement) to benefits, non-payment of benefits may result.

1. AFTER 1975, or since the beginning date of your annuity if that was later, did you

A. Work for an employer in the railroad industry? ☐ YES ☒ NO

If "Yes," give:

NAME OF EMPLOYER

DATE WORK BEGAN

DATE WORK ENDED

B. Marry? ☐ YES ☒ NO

If "Yes," give:

DATE OF MARRIAGE

2. Did you earn MORE THAN \$2,760 in the calendar year 1976? ☐ YES ☒ NO

If "Yes," complete A through D:

A. Social security account number:

042-30-0441

B. Total earnings from employment and self-employment in 1976. (Include GROSS earnings from ALL employment for hire and NET earnings from self-employment)

C. Name of employer:

None

DOLLARS

CENTS

D. Give the information asked for below:

1976	JANUARY		FEBRUARY		MARCH		APRIL		MAY		JUNE	
SHOW AMOUNT YOU EARNED EACH MONTH AS AN EMPLOYEE	0		0		0		0		0		0	
	JULY		AUGUST		SEPTEMBER		OCTOBER		NOVEMBER		DECEMBER	
	0		0		0		0		0		0	
1976	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
SHOW "X" FOR EACH MONTH WORKED AS A SELF-EMPLOYED PERSON	0	0	0	0	0	0	0	0	0	0	0	0

3. Do you expect to earn MORE THAN \$3,000 in the calendar year 1977? ☐ YES ☒ NO

If "Yes," complete A and B:

A. Total expected earnings for entire year 1977

\$ None

B. Are you now working? ☐ YES ☒ NO

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER THE RAILROAD RETIREMENT ACT IS COMMITTING A CRIME PUNISHABLE UNDER THAT LAW, I CERTIFY THAT THE DATA FURNISHED IS CORRECT.

SIGNATURE

DATE OF REPORT

RAILROAD RETIREMENT BOARD
UNITED STATES OF AMERICA

Feb. 7-1977

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

N

DATE OF REPORT

Bureau of Retirement Claims

D 299059

RX-5

This form asks questions about events in 1976 and 1977 which could affect your Railroad Retirement Act benefits.

Please answer the questions, sign and date the form. If you need help in making your report, contact the nearest district office of the U.S. Railroad Retirement Board.

STARTING WITH THE MONTH A PERSON BECOMES AGE 72, EARNINGS ARE NO LONGER SUBJECT TO RESTRICTIONS. If reporting earnings for a person who was 72 in 1976, count only earnings for months in 1976 before age 72.

Please use the enclosed envelope to mail your report. The address on the envelope is used only for receiving these reports. If you wish to write to the Board about any other matter, please use a different envelope.

Very truly yours,

H.P. Gibbons

H.P. Gibbons
Director of Retirement Claims

Enclosure

(OVER)

When this form is returned, an adjustment may be made for 1975 and the June 1976 cost of living increase will be paid at that time

So that we can handle the attached material promptly, please furnish the following information:

RRB Claim Number W.D. 299059

Railroad Employee's
Social Security Number 710-03-1966

FULL NAME OF
RAILROAD EMPLOYEE James Patrick Condron

RETURN THIS FORM AND THE ATTACHED MATERIAL IN THE ENCLOSED ENVELOPE

Railroad Retirement Board

I had not
mine but I would hear
from you as soon as the
adjustment was made, well
I am still waiting and six
months have gone by. Being
retired and having to
depend on my Social
Security and R.R. Retirement
checks I would appreciate
hearing from you
soon, as you know



3407

44 Lake Street
Hamden
Conn. 06517

Dear Sir

Last July 1st a cost of living adjustment was granted, you notified me that you had not gotten around to mine but I would hear from you as soon as the adjustment was made, well I am still waiting and six months have gone by. Being retired and having to depend on my social security and R.R. Retirement checks I would appreciate hearing from you soon, as you know



it is difficult to get by
at today's prices.

Thank you
Mr. Eileen London
44 Lake Street
Hamden, Conn
06517



U. S. RAILROAD RETIREMENT BOARD

844 RUSH STREET

CHICAGO, ILLINOIS 60611

OFFICIAL BUSINESS



RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611



it is diff
at today

note



H4 Lake Street
Hamden, Conn
06517



DEC 29 1976



MASTER BENEFIT ADJUSTMENT RECORD CONTROL
FOR RESEARCH USE ONLY
STATISTICAL SERVICES

CLAIM NO.

D-299059

ACCOUNT NO. _____

REJECT INFORMATION:

Type of Reject:

TRANSACTION

ACCOUNTING
DATE

CODE

RECONCILIATION

POST EDIT

OTHER

9.7609**Action Taken:**TYPE OF FILE 10 ☐ 20 ☐ 29 ☐ 30 ☐ 40 ☐ 50 ☒ 60 ☐ 80 ☐TYPE OF BENEFIT 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐INSERT ☐INT. ☒RECERT. ☐R&R ☐REIN. ☐DELETION ☐G-420A ☐G-247 ☐**REMARKS:**

This Action Void After

MONTH

YEAR

PROCESSED BY

1176SW

277-349-2/89 *auth Vouch 1248*
SP
DAILY HIB AUXILIARY REFERRALS - JAN 13, 1976

HIB CLEARANCE
FILE RECORD-ASSOCIATE WITH FOLDER AND FILE DOWN

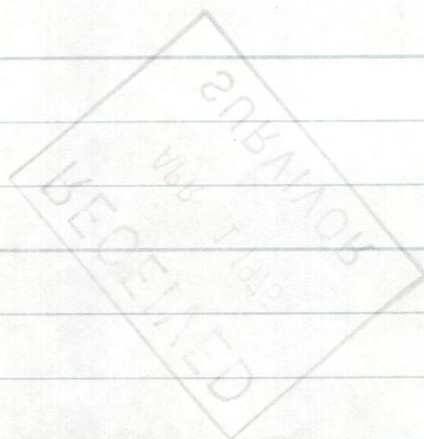
HOLD 2/17

PREFIX CLAIM NO.	W/E SSA NO.	BENEFICIARY	SEX	JURISDICTION	GEO. CODE
WD 299059	710-03-1966	WIDOW	FEMALE	RRB	050

WID-SP SSA NO.	SMIB ELECTION	SMIB RATE	EXCESS PAYMT.	SMIB PAID THRU
042-30-0441	1ST ENROLLMENT	6.70		JAN 1976

EFF HIB DATE	EFF SMIB DATE	G-44/ID STAT.	EILLEN CONDRON
OCT 1975	OCT 1975	ID REQ-HI/SMI	44 LAKE ST
			HARDEN CT 06517

DATE OF BIRTH	REPRESENT PAYEE	RECORD STATUS
10-20-10		MECH ADJ



RECEIVED
 APR 1 1976
 SURVIVOR

RECEIVED
 APR 2 1976
 SURVIVOR

RECEIVED
 APR 5 1976
 SURVIVOR

10-20-10
 DATE OF BIRTH REPRESENT PAYEE RECORD STATUS
 MECH ADJ

EFF HIS DATE
 OCT 1975
 EFF SMIB DATE
 OCT 1975
 ID REQ-HISMT
 G-44AID STAT.
 HANSEN CT 06214
 44 LAKE ST
 EILEEN CONDRON

045-30-0441
 WID-SP SSA NC.
 SMIB ELECTION
 1ST ENROLLMENT
 6.70
 SMIB RATE / EXCESS PAYMT.
 JAN 1976
 2418 PAID THRU

WD 299029
 PREFIX CLAIM NO.
 WVE SSA NO.
 710-C3-1966
 WIDOW
 BENEFICIARY
 SEX
 1976
 DEC. CCCE
 OSC

FILE RECORD-ASSOCIATE WITH FOLDER AND FILE LOW
 HIS CLEARANCE

RECEIVED
 APR 2 1976
 SURVIVOR

DAILY HIS AUXILIARY REFERRALS - JAN 13, 1976

2-11-76
 2-11-76
 2-11-76

MASTER BENEFIT ADJUSTMENT RECORD CONTROL

FOR RESEARCH USE ONLY

STATISTICAL SERVICES

CLAIM NO.

D 299059

ACCOUNT NO. _____

REJECT INFORMATION:

Type of Reject:

TRANSACTION

RECONCILIATION

POST EDIT

OTHER

ACCOUNTING
DATE

CODE

7-769222(0-5) 71003227(0-4) 1964**Action Taken:**TYPE OF FILE 10 ☐ 20 ☐ 29 ☐ 30 ☐ 40 ☐ 50 ☒ 60 ☐ 80 ☐TYPE OF BENEFIT 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐INSERT ☐INT. ☒RECERT. ☐R&R ☐REIN. ☐DELETION ☐G-420A ☒G-247 ☐10# 962

REMARKS:

This Action Void After

MONTH

YEAR

PROCESSED BY

A. Halsey

MASTER BENEFIT ADJUSTMENT RECORD CONTROL

FOR RESEARCH USE ONLY

STATISTICAL SERVICES

CLAIM NO.

WD299059

ACCOUNT NO. _____

REJECT INFORMATION:

Type of Reject:

TRANSACTION

RECONCILIATION

POST EDIT

OTHER

ACCOUNTING
DATE

CODE

2-7609**Action Taken:**TYPE OF FILE 10 ☐ 20 ☐ 29 ☐ 30 ☐ 40 ☐ 50 ☒ 60 ☐ 80 ☐TYPE OF BENEFIT 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐INSERT ☐INT. ☐RECERT. ☐R&R ☒REIN. ☐DELETION ☐G-420A ☐G-247 ☐

REMARKS:

This Action Void After

MONTH

YEAR

PROCESSED BY

A. Rhodes

RRB FORM G-90 (8-75)

TRIC REQUEST FOR WAGE AND MBR INFORMATION

PART I - IDENTIFICATION

1	RRB CLAIM NUMBER	1-10	PRE	SSA	CLAIM NUMBER
2	UP DESIGNATION 01-RI 06-SP 09-P&A 04-RP 07-BG 10-HIO 05-SI 08-DB 11-SS	11-12			
3	RASI RESPONSE CODE 1-YES 2-NO	13			
4	FORCE CODE	14			

PART II - EMPLOYEE REQUEST

5	PAYMENT INDICATION 1- ACTIVE 2- IN SUSPENSE 3- TERMINATED	15			
6	TYPE OF REQUEST *	16-17			
7	SEARCH ACCOUNT NUMBER	18-26			
8	SURNAME (UP TO 10 LETTERS)	27-36			
9	1ST AND 2ND INITIALS OF GIVEN NAME	37-38			
10	DATE OF BIRTH	39-44	MO.	DAY	YR.
11	SEX: 1-MALE 2-FEMALE	45			
12	EMPLOYEE'S DATE OF ONSET DATE	46-51	MO.	DAY	YR.
13	EMPLOYEE'S ANNUITY BEG. DATE	52-57	MO.	DAY	YR.
14	CURRENT CONNECTION 3- C/C ON 12-31-74 4- C/C ON ABD	58			
15	DATE LAST WORKED - RR	59-64	MO.	DAY	YR.
16	DATE LAST WORKED - LPS	65-70	MO.	DAY	YR.
17	LAG CODE 1- NO LAG COMPENSATION 2- LAG IN CURRENT YEAR 3- LAG IN CURRENT YEAR & PRIOR YEAR	71			
18	LAG DATA LAG IN CURRENT YEAR LAG IN PRIOR YEAR	72-82	YR.	SM	COMPENSATION
19	EMPLOYEE ANNUITY CODE 1- FULL ANNUITY 2- REDUCED ANNUITY 3- DISABILITY ANNUITY	94			
20	M/S CODE 0- NONE CLAIMED 1- CLAIMED AND VERIFIED 2- TWO PERIODS OF M/S 3- MORE THAN TWO PERIODS OF M/S	95			
21	M/S BEG. DATE - FIRST PERIOD	96-99	MO.	YR.	
22	M/S ENDING DATE - FIRST PERIOD	100-103	MO.	YR.	
PREPARED BY		DATE		MAR - 1 1976	

23	M/S BEG. DATE - SECOND PERIOD	104-107	MO.	YR.
24	M/S ENDING DATE - SECOND PERIOD	108-111	MO.	YR.
25	VERIFIED PRIOR SERVICE MONTHS	112-114		
26	PRIOR SERVICE AVERAGE	115-119		

PART III - FIRST AUXILIARY REQUEST

27	PAYMENT INDICATION 1- ACTIVE 2- IN SUSPENSE 3- TERMINATED	15		
28	TYPE OF REQUEST *	16-17		
29	SEARCH ACCOUNT NUMBER	18-26		
30	SURNAME (UP TO 10 LETTERS)	27-36		
31	1ST AND 2ND INITIALS OF GIVEN NAME	37-38		
32	DATE OF BIRTH	39-44	MO.	DAY
33	SEX: 1-MALE 2-FEMALE	45		
34	RRB STATUS OF 0- EMPLOYEE 1- SPOUSE	120		
35	SS ACCOUNT NO. OF RRB EMPLOYEE (EMPLOYEE SHOWN IN PART II ABOVE)	121-129		
36	YEAR INSURED STATUS REQUIRED	130-131		

PART IV - SECOND AUXILIARY REQUEST

37	PAYMENT INDICATION 1- ACTIVE 2- IN SUSPENSE 3- TERMINATED	15		
38	TYPE OF REQUEST *	16-17		
39	SEARCH ACCOUNT NUMBER	18-26		
40	SURNAME (UP TO 10 LETTERS)	27-36		
41	1ST AND 2ND INITIALS OF GIVEN NAME	37-38		
42	DATE OF BIRTH	39-44	MO.	DAY
43	SEX: 1-MALE 2-FEMALE	45		
44	RRB STATUS OF 0- EMPLOYEE 1- SPOUSE	120		
45	SS ACCOUNT NO. OF RRB EMPLOYEE (EMPLOYEE SHOWN IN PART II ABOVE)	121-129		
46	YEAR INSURED STATUS REQUIRED	130-131		

*EMPLOYEE

*SPOUSE

*WIDOW

*ANY

FORM RL-43 (5-73) U. S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF INSURANCE ANNUITY AWARD	When Writing to the Board, Always Give: THE DECEASED EMPLOYEE'S NAME and THIS CLAIM NO. → D-299059	DATE JAN 13 1976
--	---	-----------------------------------

An insurance annuity has been awarded under the Railroad Retirement Act to each person listed below.

<u>Name</u>	<u>Monthly Rate</u>	<u>Effective Date</u>
Billean Condron	\$320.89 98.69	9-1-75 10-1-75

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of this annuity.

ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check (other than a combined check for multiple beneficiaries) for any month for which the annuity should not be payable, you should notify the Board immediately.

The enclosed check covers the amount due through **12-31-75.**

Your annuity beginning date is January 1, 1975. The earliest beginning date your earnings would allow.

Based on your estimated earnings of \$6800.00 in 1975, no annuity was payable before September 1, 1975.

Effective October 1, 1975 your annuity rate was adjusted to \$98.69 due to your social security benefit entitlement.

Succeeding checks will be mailed to reach you during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding your claim.

ALWAYS GIVE YOUR CLAIM NUMBER AND THE DECEASED EMPLOYEE'S NAME WHEN WRITING TO US

AB-1 (12-73)

Dm Smith

D. M. Smith
 Director of Retirement Claims

Enclosure
 Check

509, 702

Rais 1/9/76 951

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

DATE JAN 18 1976	THIS CLAIM NO. D-229072 ← and THE DECEASED EMPLOYEE'S NAME When Writing to the Board, Always Give:	NOTICE OF INSURANCE ANNUITY AWARD THE RAILROAD RETIREMENT BOARD 300 NORTH ZEEB STREET, CHICAGO, ILLINOIS 60680
---------------------	--	--

An insurance annuity has been awarded under the Railroad Retirement Act to each person listed below.

Effective Date

IMPORTANT

Monthly Rate

Name

This annuity is based on the employee's *railroad earnings and social security earnings*, if any. Therefore, no benefits are payable under the Social Security Act.

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of this annuity.

ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check (other than a combined check for multiple beneficiaries) for any month for which the annuity should not be paid, return the check to the

Treasury Department
P.O. Box 8670
Chicago, Illinois 60680

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

If you believe the decision on your claim is incorrect, you may ask that the decision be reconsidered based on additional evidence you may have. If you have no additional evidence or statements to submit, you may ask for more details as to the reason for the decision.

If you still disagree with the decision after the claim has been reconsidered or additional information furnished, you may appeal to the Office of Hearings and Appeals. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board *within one year* from the date of this letter.

ALWAYS GIVE YOUR CLAIM NUMBER AND THE DECEASED EMPLOYEE'S NAME WHEN WRITING TO US

AB-1 (12-73)

D. M. Smith
Director of Retirement Claims

Enclosure
Check

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

HEALTH INSURANCE RECORD (Computer Input For Manual Awards)

1 CD. NO. COL. 1		SYM. & PREF. COL. 2 3 4			SSA COL. 5 6 7			CLAIM NUMBER COL. 8 9 10 11 12 13 14						ACT 2		TYPE OF CERT. MANUAL COL. 15		3 TYPE OF BENEFICIARY: COL. 16			
1		WD						2990592								EMPLOYEE ① SPOUSE ② WIDOW(ER) ③ DIS. CH. ④ PARENT ⑤ IPI ⑦			3		
4 BENEFICIARY SSA NO. COL. 17 18 19 20 21 22 23 24 25					5 BEN. DT. OF BIRTH COL. 26 27 28 29 30 31					6 SMIB EFF. DT. COL. 32 33 34 35					7 SMIB TERM. DT. COL. 36 37 38 39					8 SEX COL. 40	
042300441					102010					0075										M ① F ②	
9 EMPLOYEE SSA NO. COL. 41 42 43 44 45 46 47 48 49					10 HIB EFF. DT. COL. 50 51 52 53					11 SMIB ENROLLMENT STATUS: COL. 54											
710031966					1075					① 1ST ENROLL. ② NO RESPONSE ③ NOT ENR. 1ST PER.					④ 1ST TERM. ⑤ 2ND ENR. ⑥ 2ND TERM.					2	
12 PEND. JURISDICTION STATUS: COL. 55					13 STATUS OF ANNUITY: COL. 56																
1					① APPLICATION PENDING ② ANNUITY IN FORCE					③ ANNUITY IN SUSP. ④ NO ANNUITY APPL. FILED					2						
14 G-44 ISSUE CODE: COL. 57					15 MONTHLY RATE OF SMIB PREMIUM COL. 58 59 60					16 REPRESENTATIVE PAYEE CODE: COL. 61					17 "TWO FILES" CODE COL. 62						
NOT REQUIRED ① REQ. ① RELEASED ②					27					① COURT APPOINTED ② NEITHER COURT APPOINTED NOR PARENT OF CHILD ③ PARENT FOR CHILD					① ② ③					① ②	
18 THIRD PARTY CODE: COL. 63 64					19 EXAMINER: COL. 65 66										COLS. 67-80 BLANK.						
					UNIT DESIGNATION (RI, RP, SA, SB, DB, ETC.)					SI											
20 CD. NO. 2		DUPLICATE COLUMNS 2 TO 20 FROM CARD 1																			
NAME AND ADDRESS																					
COLS. 21-40 1ST LINE OF NAME & ADDR.		E I L L E E N C O N D R O N																			
COLS. 41-60 2ND LINE OF NAME & ADDR.		# 4 4 L A K E S T																			
COLS. 61-80 3RD LINE OF NAME & ADDR.		H A M D E N C T 0 6 5 1 7																			
21 CD. NO. 3		DUPLICATE COLUMNS 2 TO 20 FROM CARD 2																			
COLS. 21-40 4TH LINE OF NAME & ADDR.																					
COLS. 41-60 5TH LINE OF NAME & ADDR.																					
COLS. 61-80 6TH LINE OF NAME & ADDR.																					

INSTRUCTIONS:

- Use this form to enter into the HIB-SMIB records, data for individuals who will attain age 65 within 3 months or are now 65 or older, are currently filing and
 - are working survivors and are applying for HIB-SMIB but will not receive an annuity.
 - are retirement or survivor IPI's.
 - all manual awards that require jurisdictional pre-clearance.
- Always enter a group mark (≡) in the first position of the first address word.

PREPARED BY:

DATE:

Joe Lucia

12/18/75

ROUTE SLIP

DATE

12/12/75

TO

- ☐ PER YOUR REQUEST
☐ PER OUR CONVERSATION
☐ FOR YOUR INFORMATION
☐ FOR YOUR APPROVAL
☐ FOR YOUR SIGNATURE
☐ NOTE AND FILE

- ☐ PREPARE REPLY FOR MY SIGNATURE
☐ TAKE APPROPRIATE ACTION
☐ SEE ME ABOUT THIS
☐ NOTE AND RETURN TO ME
☐ COMMENT AND RETURN

COMMENTS

Please compute BA.
 Previous BA not
 computed on 1/1 C.D.

SPECIAL

je kina

ST

ROOM NO.

INFORMATION OR CLAIM

T INITIAL-MIDDLE INITIAL)

ES P.

☐ FOREIGN RESIDENT

6 FEMALE 7 PRIOR S.M.

FROM TO

DATA
 D ANN. BEFORE 1948
 T LEAST 10 YRS. SERVICE

(AV. MO. COMP.)

A PENSIONER

\$
 PEN.) (AV. MO. EARN.)

WARD MADE AFTER 9-5-66;

EMPLOYEE DIED BEFORE 2-15-66.
 BA PREV. COMPUTED BASED ON:

\$ ~~156.84~~ 14
 (AV. MO. REMUN.) (INCREMENT YRS.)

14

DISABILITY FREEZE
 ESTABLISHED FROM TO
 DISABILITY FREEZE
 ESTABLISHED BY SSA ☐ YES ☐ NO

15

LAG CODES

☐ (1) ☐ (3)
☐ (2) ☐ (4)

18

☒ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

CODE TYPE
 (21) ☐ "A" CASE
 (22) ☐ "A" CASE WITH AMC
 (23) ☐ INITIAL "D"
 (24) ☐ AME (PENSIONER)
 (25) ☐ PA (PENSIONER)
 (26) ☒ PREVIOUS AMR
 BASIC AMOUNT
 (45) ☐ GROSS RESIDUAL
 ONLY
 (46) ☐ RRB TRANSFER

20 TYPE OF PAYMENT:

A ☐ LUMP SUM
 B ☒ MONTHLY ANNUITY
 O/M COMP. REQ'D.
 C ☐ UNKNOWN
 O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIS

21 JURISDICTIONAL DATA

A ☐ RRB DOES NOT HAVE JURISDICTION
 B ☐ RESIDUAL PAID ELECTION MADE
 C ☐ RESIDUAL PAID-NO
 ELECTION SA OR LSDP TO
 D ☐ CLAIMS MATERIAL ATTACHED
 E ☐ BENEFITS DEDUCTIBLE
 FROM GROSS RESIDUAL \$

SIGNED

DATE

23 REMARKS:

EXAMINER

UNIT

DATE

W. Steffy

ST

7/12/75

REQUEST FOR CERTIFICATION OR TRANSFER-SURVIVOR CLAIM

2 NAME OF DECEASED EMPLOYEE (LAST-FIRST INITIAL-MIDDLE INITIAL)

CONDON, JAMES P.

☐ FOREIGN RESIDENT

4 DATE OF DEATH

6/29/55

5 DATE OF BIRTH

3/2/196

6 FEMALE

☐

7 PRIOR S.M.

9 RSI LAG EMPLOYERS AND ADDRESSES

FROM

TO

11 ☐ APPL. F/D OR ☐ DLW

12 COMPUTATION DATA

A ☐ DEC'D REC'D ANN. BEFORE 1948
BASED ON AT LEAST 10 YRS. SERVICE\$ _____
(AV. MO. COMP.)B ☐ DEC'D WAS A PENSIONER\$ _____ \$ _____
(AMT. OF PEN.) (AV. MO. EARN.)C ☒ SURVIVOR AWARD MADE AFTER 9-5-56;
EMPLOYEE DIED BEFORE 2-15-68.
BA PREV. COMPUTED BASED ON:\$ 156.84 14
(AV. MO. REMUN.) (INCREMENT YRS.)

14

DISABILITY FREEZE
ESTABLISHED FROM _____ TO _____DISABILITY FREEZE
ESTABLISHED BY SSA ☐ YES ☐ NO15 LAG
CODES☐ (1) ☐ (3)
☐ (2) ☐ (4)

1 WAGE REQUEST FORWARDED TO SSA

DATE _____

3 RRB CLAIM NO.

D299059

8 SSA NO.

710-03-1966

10 MILITARY SERVICE

BRANCH _____

FROM _____

TO _____

FROM _____

TO _____

VERIFIED
BY ☐ SSA ☐ RRB ☐ PROOF ATTACHED16 YEAR BEFORE DEATH
LAG

YR SM COMP.

17 YEAR OF DEATH LAG

YR SM COMP.

18 ☒ C/C ☐ C/C BROKEN ☐ C/C UNKNOWN

19 COMPUTER PROCESSING CODES:

- | CODE | TYPE |
|--|------------------------------|
| (21) <input type="checkbox"/> | "A" CASE |
| (22) <input type="checkbox"/> | "A" CASE WITH AMC |
| (23) <input type="checkbox"/> | INITIAL "D" |
| (24) <input type="checkbox"/> | AME (PENSIONER) |
| (25) <input type="checkbox"/> | PA (PENSIONER) |
| (26) <input checked="" type="checkbox"/> | PREVIOUS AMR
BASIC AMOUNT |
| (45) <input type="checkbox"/> | GROSS RESIDUAL
ONLY |
| (46) <input type="checkbox"/> | RRB TRANSFER |

20 TYPE OF
PAYMENT:

- A ☐ LUMP SUM
- B ☒ MONTHLY ANNUITY
O/M COMP. REQ'D.
- C ☐ UNKNOWN
O/M COMP. REQ'D.

22 SSA BENEFICIARY

☐ RIB OR DIB

21 JURISDICTIONAL DATA

- A ☐ RRB DOES NOT HAVE JURISDICTION
- B ☐ RESIDUAL PAID ELECTION MADE
- C ☐ RESIDUAL PAID-NO
ELECTION SA OR LSDP TO _____
- D ☐ CLAIMS MATERIAL ATTACHED
- E ☐ BENEFITS DEDUCTIBLE
FROM GROSS RESIDUAL \$ _____

SIGNED _____

DATE _____

23 REMARKS:

EXAMINER

A. Steffy

UNIT

51

DATE

7/22/75

MENT OF SUBSE
SUR

CONDON, JAMES PATRICK

D-299059

710-03-1966

147 Bradley Street
New Haven, Connecticut

3-2-1896

A-29-1955

NY NH & H

EILEEN CONDON (WIDOW)

2 NAME OF EMPLOYEE (LAST)

4 ADDRESS (STREET AND NUMBER)

6 DATE OF DEATH

7 DATE OF BIRTH

8 DATE CURRENT CLAIM FILED

9 OASI LAG EMPLOYERS AND ADDRESSES

FROM

TO

10 MILITARY SERVICE

BRANCH

FROM

TO

FROM

TO

FROM

TO

VERIFIED BY SSA ☐RRB ☐PROOF ATTACHED ☐

11 WORK LOCATION

12 DEPT. AND OCCUPATION

13

21 YEAR

SERV. MOS.

21A WAGE AND COMPEN- SATION RECORD

21B

OASI

21C ADJUSTMENTS IN CURRENT YEAR & MILITARY SERVICE

21D

TOTAL

21E

BROTHERHOOD LOCAL LODGES

21F

ADJUSTMENT

PRIOR SERV.

WAGES AND COMPENSATION

QC

INC. YRS.

WAGES

QC

SM

COMPENSATION

SM

COMPENSATION

QC

SM

COMPENSATION

SM

COMPENSATION

SM

1937

1

44'80

0

0

1938

12

1531 21

4

1

1939

12

1106 167

4

1

1940

12

11283 110

4

1

1941

12

1562 109

4

1

1942

7

11205 13

3

1

1943

1944

1945

1946

1947

3

1821

1

1

1948

12

31302

4

1

1949

12

31469

1

1

1950

12

31528

1

1

1951

12

31594

1

1

1952

12

31600

1

1

1953

12

31600

1

1

1954

12

31669 10

1

1

1955

4

1630 19

2

1

1956

1957

COLUMN TOTALS

341349 104 40 14

151331318 185

211 TOTAL FROM 54 LEDGER

21J

21K 1946 CUMULATIVE TOTAL

21L

BA-4 REF.

J.V. REF.

SEARCHED BY:

DATE:

COMPENSATION ATTRIBUTABLE TO

LEDGER

MICRO.

WAGES ATTRIBUTABLE TO

MILITARY SERVICE BEGAN

1938 EXC OF 8 SM

0-299059
710-03-1966
05-3708
3-2-1896
2-29-1955
NY NH & H

OFFICE

14 WAS FORM AA-11A RECEIVED? YES ☐ NO ☐ 15 LAST ICC CODE 5207 16 LAST EMPLOYER 1709 17 QTRS. OF COVERAGE FROM 1-1-37 TO END OF 22ND BIRTH YEAR 18 FIRST REQUEST ☐ AMENDED REQUEST ☐ 19 RETURN TO: ☐ CLAIMS FILES ☐

8 DATE CURRENT CLAIM FILED

10 MILITARY SERVICE

BRANCH _____
FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____

20 CONFLICT EMPLOYERS AS OF MAY 24, 1955
EMPLOYER BA-4549 - SOUTH MEMPHIS STOCK YARDS COMPANY
BA-5504 - ALABAMA POWER COMPANY
BA-5815 - MUSKOGEE ELECTRIC TRACTION COMPANY
CONFLICT PERIOD 1-1-37 TO 1-1-47
1-1-37 TO 9-1-45
1-1-37 TO 5-11-4
21A DATE ATTAINED AGE 21B DATE OF BIRTH 21C DATE OF DEATH 21D DATE OF DISCHARGE 21E DATE OF ENTRY 21F DATE OF EXIT 21G DATE OF REENTRY 21H DATE OF REEXIT 21I DATE OF REENTRY 21J DATE OF REEXIT 21K DATE OF REENTRY 21L DATE OF REEXIT 21M DATE OF REENTRY 21N DATE OF REEXIT 21O DATE OF REENTRY 21P DATE OF REEXIT 21Q DATE OF REENTRY 21R DATE OF REEXIT 21S DATE OF REENTRY 21T DATE OF REEXIT 21U DATE OF REENTRY 21V DATE OF REEXIT 21W DATE OF REENTRY 21X DATE OF REEXIT 21Y DATE OF REENTRY 21Z DATE OF REEXIT

21D TOTAL			21E BROTHERHOOD LOCAL LODGES			21F ADJUSTMENTS			21G BASE YEARS			21H MONTHS IN WHICH EMPLOYED															
SM	COMPENSATION	QC	SM	COMPENSATION	QC	SM	COMPENSATION	QC	SM	COMPENSATION	QC	SM	COMPENSATION	QC	YEAR	J	F	M	A	M	J	J	A	S	O	N	D
															1937												
									20	2,531.21					1938												
									12	1,106.67					1939												
									19	1,283.90					1940												
									12	1,562.09					1941												
															1942												
															1943												
															1944												
															1945												
															1946												
															1947												
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															1950												
															1951												
															1952												
															1953												
															1954												
															1955												
															1956												
															1957												

21I TOTAL FROM LEDGER 54 21J WAGES AND COMPENSATION 18,152.15 21K INC. YRS. 18
SEARCHED BY: CCF DATE: 7-19-55
LEDGER MICRO. 8-18-11-55
COMPUTER EXAMINER
WAGES ATTRIBUTABLE TO MILITARY SERVICE (FILL IN ONLY WHEN MILITARY SERVICE BEGAN BEFORE 23RD BIRTH YEAR)

F 8 SM

NOTICE

OF DEATH IS HEREBY GIVEN, PURSUANT TO THE PROVISIONS OF THE PROBATE ACT, 1925, THAT THE ESTATE OF THE DECEASED, **Mr. E. B. D.**, ASSISTANT, THE **RE**

NO. 70-0092

AGE

ENS

EMPLOY

128

ATE OF DEATH

[illegible]

JUL 25 1955

FORM NO. AA-12a
(4-53)UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARDNOTICE OF DEATH AND STATEMENT
OF COMPENSATION

NAME OF DECEASED EMPLOYEE

James Patrick Condron

SOCIAL SECURITY ACCOUNT NO. R.R.B. CLAIM NO.

706-05-3708-I

D-299059

DATE OF BIRTH

3-2-96

DATE OF DEATH

6-29-55

FULL ADDRESS AT TIME OF DEATH

147 Bradley St., New Haven, Conn.

PLACE OF DEATH

St. Raphael's Hospital
New Haven, Conn.

DATE LAST WORKED

4-18-55

LAST OCCUPATION OF DECEASED

ICC - 57 Car Inspector

DEPARTMENT AND WORK LOCATION

PI - 9602 NH Mech. Dept. - Bridgeport

Mr. E. B. Perry
Assistant Vice-President
The New York, New Haven and Hartford
Railroad Company
54 Meadow Street, Room 310
New Haven 6, Connecticut

(SEE REVERSE SIDE)

STATEMENT OF COMPENSATION

MONTH YEAR 19 55 YEAR 19

JAN. \$350.00

FEB. 340.09

MARCH 340.10

APRIL 222.77

MAY

JUNE

JULY

AUG.

SEPT.

OCT.

NOV.

DEC.

TOTAL 1252.96

EMPLOYERS SHALL REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION FOR EACH MONTH OF SERVICE BEGINNING WITH THE MONTH SPECIFIED UNDER (A) OR (B), AS APPROPRIATE.

(A) EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS ANNUALLY: IF NOTICE OF DEATH IS SUBMITTED BEFORE MAY 1, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE PRECEDING CALENDAR YEAR; IF SUBMITTED AFTER APRIL 30, REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH JANUARY 1 OF THE CURRENT CALENDAR YEAR.

(B) EMPLOYERS REPORTING COMPENSATION TO THE BUREAU OF WAGE AND SERVICE RECORDS QUARTERLY: REPORT THE EMPLOYEE'S CREDITABLE COMPENSATION BEGINNING WITH THE MONTH DETERMINED IN ACCORDANCE WITH THE FOLLOWING SCHEDULE:

WHEN THIS NOTICE IS SUBMITTED FROM REPORT COMPENSATION BEGINNING WITH

JAN. 1 THROUGH FEB. 28
MARCH 1 " APRIL 30
MAY 1 " SEPT. 30
OCT. 1 " DEC. 14
DEC. 15 " DEC. 31

JULY OF PRECEDING YEAR
OCTOBER " " "
JANUARY OF CURRENT YEAR
APRIL " " "
JULY " " "

BACK PAY AND OTHER WAGE ADJUSTMENTS PAID IN THE PERIOD COVERED BY THIS REPORT SHALL BE REPORTED FOR THE MONTH IN WHICH PAID IF IT HAS BEEN OR WILL BE COMBINED WITH OTHER COMPENSATION PAID IN THAT MONTH AND SO REPORTED ON YOUR REGULAR REPORT TO THE BUREAU OF WAGE AND SERVICE RECORDS. IF YOUR REPORT TO THAT BUREAU WILL SHOW AN ALLOCATION OF SUCH PAYMENTS TO THE MONTHS IN WHICH EARNED, THE SAME ALLOCATION SHALL BE MADE ON THIS REPORT.

GIVE BASIS OF COMPENSATION, IF ANY, REPORTED FOR PERIOD AFTER DATE LAST WORKED ("VACATION ALLOWANCE," "SICK LEAVE ALLOWANCE," OR THE LIKE, PURSUANT TO RULES AND PRACTICES).

NAME AND ADDRESS OF SPOUSE OR NEAREST RELATIVE SURVIVING

NAME

Mrs. James Condron

ADDRESS

147 Bradley St., New Haven, Conn.

RELATIONSHIP TO DECEASED

Wife

DATE

August 5, 1955

SUBMITTED BY

W. Jaspers

OFFICIAL TITLE

Asst. Manager - Personnel

EXCERPTS FROM REGULATIONS UNDER THE RAILROAD RETIREMENT ACT

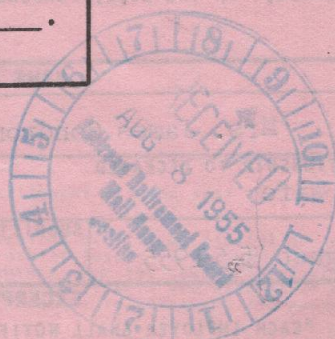
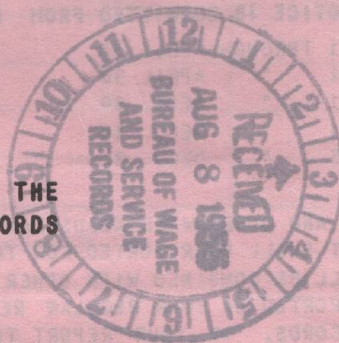
"EACH EMPLOYER SHALL NOTIFY THE BOARD OF THE DEATH OF ANY EMPLOYEE IN ACTIVE EMPLOYMENT, AND WHEN KNOWN, OF THE DEATH OF ANY EMPLOYEE IN AN EMPLOYMENT RELATION, WITHIN THIRTY DAYS FOLLOWING THE RECEIPT BY THE EMPLOYER OF NOTICE OF SUCH DEATH. SUCH NOTICE AND ANY INFORMATION WHICH THE BOARD MAY REQUIRE IN CONNECTION THEREWITH SHALL BE SUBMITTED ON THE FORM PROVIDED BY THE BOARD FOR THAT PURPOSE." (SEC. 250.2 OF REGULATIONS)

The Board has received notice of the death of the individual identified on the face of this form, a former employee of your company.

In order to complete our handling of this case, it will be necessary for you to complete the form, except that name and address of spouse or nearest relative may be omitted if this information is not readily available. Do not submit Form AA-12 after you have completed and returned the Form AA-12a. If you have submitted a Form AA-12 at a recent date, please indicate this fact below and disregard the detail.

PROMPT RETURN OF THIS FORM TO THE
BUREAU OF WAGE AND SERVICE RECORDS
WILL BE APPRECIATED.

Form AA-12 submitted _____ (DATE)



CERTIFICATION OF SERVICE AND COMPENSATION — BASIC AMOUNT AND PIA DETERMINATIONS

A		B	C	D	E	F	G	H	I	J	2
YEAR		COMP. SERV. MOS.	WAGE QC MOS. EMP. PATTERN	WAGE & COMP. QC	WAGE S/E	WAGE AG	COMP. M/S QC	WAGE M/S PATTERN	WAGES AND/OR COMPENSATION	TOTAL WAGES AND COMPENSATION	A NAME
1937 THRU 1950		95							18,855.52		CONDOR
3600	51	12		4					3,594.43		G DATE OF DEATH H A
3600	52	12		4					3,600.00		MO YR Q
	53	12		4					3,600.00		06 55
3600	54	12		4					3,669.43		3 A NAME
3900	55	4		2					1,252.43		CONDOR
4200	56										G COMPEN
	57										SM
	58										TOTAL THRU AGE 65
4800	59										TOTAL TO DATE 147
4550	60										CRED. M/S
4800	61										TOTAL INCL. M/S
	62										4 A PEND. IND. B NAME
4800	63										K SSA WAGES TO DATE
4900	64										
4800	65										
5400	66										5 A
	67										
7800	68										H MO YR MO. R.
7800	69										
	70										
	71										
	72										
	73										7 WAGE QC PATTERN
	74										N = NO QC C = WAGE QC S = SELF-EMPLOYED QC A = AGRICULTURE QC M = MILITARY QC G = GIFT AC & = LESS THAN \$50 OR A CREDIT QC
6 COMPUTATIONS — RRB											RR MOS. EMP. PATTE
C/D	DIVIDEND	D/M	AMR/AMW	I/Y	BASIC AMT./PIA/ANN.	FORMULA	BASIC AMT./PIA				0 = NO SERVICE 1 = 1ST MONTH 2 = 2ND MONTH 3 = 1ST & 2ND MOS. 4 = 3RD MONTH 5 = 1ST & 3RD MOS. 6 = 2ND & 3RD MOS. 7 = 1ST, 2ND & 3RD MO
COMPUTATIONS — SSA 75											74
1 55	7,200.00	24	300.00		231.60	54	214.40				OM
1 56	10,800.00	60	180.00		176.50	58	163.40				OM
1 55	33,249.95	156	213.00		196.20	OS	181.60				OM

2 REQUEST RECORD INFORMATION																
TOTAL WAGES D COMPENSATION		A NAME		B ACCOUNT NUMBER			C CLAIM NUMBER			D DATE OF BIRTH MO DAY YR			E SEX		F TYPE OF REQUEST-	
		CONDNR		710-03-1966			D299059			03 00 96			U		SURV	
G DATE OF DEATH MO YR		H APPL. DATE QTR YR		I ANN. BEG. DATE MO DAY YR			J COMP. AF ABD ALLOC.		K ALLEG. BIC		L YR. AGE 65		M REQ. UNIT		N REQ. BUREAU	
06 55																

3 DP & A MASTER FILE INFORMATION														
A NAME		B ACCOUNT NUMBER			C CLAIM NUMBER			D DOB MO YR		E LAST YR. SERV. ICC YR		F DATE FORM(S) PREPARED		
CONDNRON JP		710 03 1966			D299059					057 55		07 24 75		
G COMPENSATION DATA				H SM THRU 1946		I INC. YRS.		J INAC. INCOR. ACCT.		K LAST YR. ACT.		L EARMARKINGS SS RSI GF DF UI-87		
TOTAL THRU AGE 65				56						55				
TOTAL TO DATE		147		34,571.81		M GROSS RES.		2,188.01		N EMPLOYER NOS.		ADD		
CRED. M/S						O GROSS RES. INCL. M/S				1109				
TOTAL INCL. M/S						P 1959 GROSS AMT.				Q PAYROLL IDENT. NO.		9602		

4 SSA WAGE TAPE INFORMATION																				
A PEND. IND.		B NAME			C DOB MO YR		D SEX		E BEN. STAT.		F DIS. FRZ.		G REQ. QC		H ACQ. QC		I MULT. ACCT. NO.		J PRIOR CLAIM ACTION	
K SSA WAGES TO DATE				L PIA WAGES ONLY								M FORM RELEASED				RR-				

5 SSA MASTER BENEFIT RECORD (MBR) INFORMATION																		
A NAME					B DATE OF BIRTH MO DAY YR VER.				C SEX		D RR CRED.		E BIC		F LAF. CODE		G CURRENT PIA	
H BENEFIT DATA					I FOURTH RATE		J PART RATE		K TERM DATE MO YR		L BENEFICIARIES A B C D E F OTHER							
					M CROSS REFERENCE NUMBER				N HIB EFF. MO YR		O SMIB EFF. MO YR		P SMIB PREM.					

7 WAGE QC PATTERN			8 REMARKS		
N = NO QC C = WAGE QC S = SELF-EMPLOYED QC A = AGRICULTURE QC M = MILITARY QC G = GIFT AC & = LESS THAN \$50 OR A CREDIT QC RR MOS. EMP. PATTERN 0 = NO SERVICE 1 = 1ST MONTH 2 = 2ND MONTH 3 = 1ST & 2ND MOS. 4 = 3RD MONTH 5 = 1ST & 3RD MOS. 6 = 2ND & 3RD MOS. 7 = 1ST, 2ND & 3RD MOS.			37-46 COMPENSATION 7,733.80 COMBINED E/R SPC MIN PIA 081.00 - 19 YOC 00178		
BASIC AMT./PIA 74 214.40 OM 163.40 OM 181.60 OM					

[illegible][illegible]

- Claims status - type unknown
- Primary beneficiary under 72
- Spouse under 72
- Child under 72
- Aged widow/widower under 72
- Young widow with child in her care
- Parent under 72
- "Prouty" primary beneficiary
- "Prouty" spouse beneficiary
- Transitionally insured
- SMIB only beneficiary
- HIB only or HIB/SMIB beneficiary

11		NAME		ACCOUNT NUMBER							
14		A	B	C	D	E	F	G	H	I	J
YEAR		MOS. SERV.	TOT. Q.C.	M/S Q.C.	COMP. Q.C.	WAGE Q.C.	INC. YR.	COMPENSATION		WAGES	WAGES AND COMPENSATION
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
18		REMARKS									

MANUAL CERTIFICATION OF SERVICE AND COMPENSATION-BASIC AMOUNT AND PIA DI

1	A. NAME <i>Condron, J.P.</i>	B. ACCOUNT NO. <i>710-03-1966</i>	C. CLAIM NO.	D. SPOUSE ACCT. NO.			
2	A. 120 SERVICE MOS. NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> C. FIRST QTR. INSURED <i>6-29-55</i>		CLOSING DATE	WAGES AND/OR COMPENSATION			
B. CURRENT CONNECTION NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> D. DATE ATTAINED RETIREMENT AGE _____			9	PIA #5 - PASS/THRU-PRE 75 COMPO			
E. INSURED FOR: WORK DED. NO <input type="checkbox"/> YES <input type="checkbox"/> WINDFALL RR YLW NO <input type="checkbox"/> YES <input type="checkbox"/> 1974 NO <input type="checkbox"/> YES <input type="checkbox"/> GRANDFATHER OM <input type="checkbox"/> P/T <input type="checkbox"/> 100% OM NO <input type="checkbox"/> YES <input type="checkbox"/>			10	PIA #6 - O/M AND IMPUTED PIA-CO			
3 RAILROAD RETIREMENT ACT-COMPUTATIONS			11	PIA #7 - WINDFALL-COMPENSATION			
CLOSING DATE	WAGES AND/OR COMPENSATION	DIV.	AMW	INC YRS	BASIC AMT. LUMP-SUM	WINDFALL-SURV.	
	<i>AAAR</i>		<i>150.84</i>	<i>14</i>	<i>56.75</i>	<i>56.75</i>	
<i>1-1-55</i>	<i>33 319.38</i>	<i>216</i>	<i>154</i>	<i>14</i>	<i>56.33</i>	<i>56.33</i>	
<i>1-1-56</i>	<i>34 571.81</i>	<i>228</i>	<i>151</i>	<i>14</i>			
4 PIA #1 - SOCIAL SECURITY ACT-COMPUTATIONS - REG. SSA CD			12	PIA #8 - WINDFALL-COMP. AND WA			
1952 <input type="checkbox"/> 1954 <input checked="" type="checkbox"/> 1958 <input type="checkbox"/>			<i>1-1-55</i>	<i>7200.00</i>	<i>24</i>	<i>30</i>	
CLOSING DATE	WAGES AND/OR COMPENSATION	DIV.	AMW	PREVIOUS PIA	CURRENT OR 6/74 PIA	YOC	SP. MIN. PIA
<i>1-1-55</i>	<i>7200.00</i>	<i>24</i>	<i>300</i>	<i>214.40</i>	<i>231.60</i>	<i>19</i>	<i>81.00</i>
5 PIA #1 - PIB FORMULA- OLD <input type="checkbox"/> REV. <input type="checkbox"/> PIB METHOD <input type="checkbox"/> -REG. SSA CD			13	PIA #9 - NEW 100% OM GUARANTY -			
			<i>1-1-55</i>	<i>7200.00</i>	<i>24</i>	<i>30</i>	
			14	PIA #10 - GRANDFATHER PASS/THR			
			15	PIA #11 - GRANDFATHER O/M - (EAP			
			16	PIA #21 - AUXILIARY-WAGES - 12-31			
6 PIA #2 - PIA #1 MINUS PIA #7			COMP. 17 I CERTIFY THAT THIS AND RELATED DATA IS CORRECT AND TRUE TO THE RECORDS OF THE RAILROAD RETIREMENT ACCOUNTS. THE USE OF THIS FORM IS AUTHORIZED. <i>12-16-75</i> <i>12/6/75</i> DATE <i>J.P.</i> FOR DIR				
7 PIA #3 - RESIDUAL DEDUCTION-COMP. - REG. SSA CD							
8 PIA #4 - WINDFALL-WAGES - 12-31-74 OR RR YLW							

ATION OF SERVICE AND COMPENSATION-BASIC AMOUNT AND PIA DETERMINATIONS

3-1966		C. CLAIM NO.		D. SPOUSE ACCT. NO.			E. WIDOW ACCT. NO.		
QTR. INSURED 6-29-55		CLOSING DATE	WAGES AND/OR COMPENSATION	DIV.	AMW	PREVIOUS PIA	CURRENT OR 6/74 PIA	YOC	SP. MIN. PIA
ATTAINED RETIREMENT		9 PIA #5 - PASS/THRU-PRE 75 COMPONENT-COMP. - 12-31-74							
FATHER OM <input type="checkbox"/> P/T <input type="checkbox"/> 100% OM YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>									
		10 PIA #6 - O/M AND IMPUTED PIA-COMP. - 12-31-74 CD (DIV. 18 OR 32)							
BASIC AMT.									
LUMP-SUM		WINDFALL-SURV.							
56.75		56.75							
56.33		56.33							
		11 PIA #7 - WINDFALL-COMPENSATION - 12-31-74 OR RR YLW							
		12 PIA #8 - WINDFALL-COMP. AND WAGES - 12-31-74 OR RR YLW							
1-1-55		7200.00	24	300		214.40	19	81.00	
1958 <input type="checkbox"/>									
CURRENT OR 6/74 PIA		YOC	SP. MIN. PIA						
231.60		19	81.00						
		13 PIA #9 - NEW 100% OM GUARANTY - REG. SSA CD (EARN. AFTER 74 NOT FROZEN)							
1-1-55		7200.00	24	300	214.40	231.60	19	81.00	
		14 PIA #10 - GRANDFATHER PASS/THRU - (EARN. AFTER 74 FROZEN)							
-REG. SSA CD		15 PIA #11 - GRANDFATHER O/M - (EARN. AFTER 74 FROZEN)							
		16 PIA #21 - AUXILIARY-WAGES - 12-31-74 OR RR YLW							
SSA CD		17 I CERTIFY THAT THIS REPORT OF SERVICE AND COMPENSATION AND RELATED DATA IS CORRECT ACCORDING TO THE PROVISIONS OF THE RAILROAD RETIREMENT AND SOCIAL SECURITY ACTS AND TO THE RECORDS OF THE BUREAU OF DATA PROCESSING AND ACCOUNTS. THE USE OF THIS DATA TO DETERMINE ELIGIBILITY FOR AND THE AMOUNT OF RETIREMENT OR SURVIVOR BENEFITS IS AUTHORIZED.							
VER.		<div> <div>12-16-75</div> <div>12/6/75</div> <div>DATE</div> </div> <div> <div>L. McDowell</div> <div>P. Cheen</div> <div>FOR DIRECTOR DATA PROCESSING AND ACCOUNTS</div> </div>							

SURVIVOR BENEFICIARY
ANNUITY COMPUTATION

INSTRUCTIONS:

Attach to G-364
to show additional
computations

SYM

SSA

CLAIM NUMBER

WD

299059

1974 ACT SURVIVOR ANNUITY COMPUTATION

15. IDENTIFYING
INFORMATION

(A) EFFECTIVE DATE

9/74

(B) PAYEE CODE

(C) SYMBOL

W

16. TIER 1
COMPUTATION(A) ORIG. OR RED.
FOR MAX RATE
(ROUND UP 10¢
IF NECESSARY)

214.40

(B) FIRST ADJUSTED
RATE

202.20

(13 mos red.)

(C) REDUCTION FOR:

① ☐ EE TIER 1 AMT.A
EE CLAIM NO.② ☐ SS BENEFIT

(D) TIER 1 AMOUNT

17. TIER 2
COMPUTATION

(A) 30% X 16 (A) OR (B)

(B) ADDITIONAL AMT:

① ☐ SPOUSE MIN.② ☐ EQUALIZED AMT.(C) TIER 2 AMOUNT
30% X 16(A) OR (B);
OR 17(A) PLUS 17(B)

60.66

18 WF AMOUNT

ENTER AMOUNT
FROM FORM G-364C① ☐ ZERO

32.53

19. MONTHLY
ANNUITY(A) TOTAL OF
TIER 1 (16(D))
TIER 2 (17(C))
WF (18)(B) ① ☐ ACT. ADJ.② ☐ TEMP. WITHHOLD

RECOVERY DATE

(C) MONTHLY
ANNUITY
RATE

\$ 295.39

74 7500.00 TE
 2400.00
 5100.00 gross

4 mos @ 295.39 — 2363.12
 2400.00
 4763.12

No annuity payable in 1974
OBD moved to 1/1/75.

'75 6800.00 TE
 2520.00
 4280.00 gross

5 mos @ 298.95 — 2989.50
3 mos @ 320.90 — 1925.40
 4914.90

8 TWD applied payable beg 9-1-75

Joe Luciani
12/18/75

ROUTE SLIP

121275

TO

Director of Retirement Claims

51

- ☐ PER YOUR REQUEST
☐ PER OUR CONVERSATION
☐ FOR YOUR INFORMATION
☐ FOR YOUR APPROVAL
☐ FOR YOUR SIGNATURE
☐ NOTE AND FILE

- ☐ PREPARE REPLY FOR MY SIGNATURE
☒ TAKE APPROPRIATE ACTION
☐ SEE ME ABOUT THIS
☐ NOTE AND RETURN TO ME
☐ COMMENT AND RETURN

COMMENTS

Refu to 659a
of 100276.

FROM

(FOLD HERE FOR RETURN)

ROOM NO.

NY60-bd

D. 299059

710-03-1966

Would like to know if I am
entitled to some pension

Respectfully

Wm. Eileen Dondro

44 Lake St. Hamden, Conn

Street
Hamden, Conn

Nov 30 - 75

Dear Sir,

D-299059

I wrote and told
you that I retired on the
20th of October, but as
yet I haven't heard from
you.

My husband was James P
Dundee

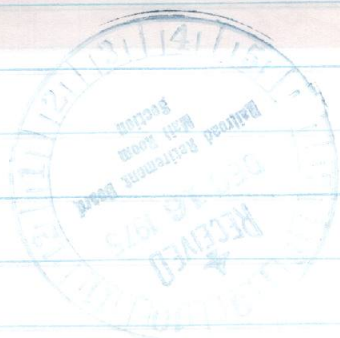
D. 299059

710-03-1966

Would like to know if I am
entitled to some pension

Respectfully
Mae Lillian Dundee
44 Lake St. Hamden, Conn

RECEIVED
DEC 18 1975
SURVIVOR



FOLDER RECORD OF ACTION TAKEN

CLAIM NUMBER

D 299059

FORM RELEASED

G-73a

RELEASED TO

BDPA

OTHER ACTION:

Go up date BA

B/A other than 1/1 CD

Returned to BDPA on 12/12/75 for same reason. *Joe Luiera*

11/4/75

(DATE)

Joe Luiera

(EXAMINER)

RRB Chicago

RRB FORM NO. G-26 (2-61)

ROUTE SLIP

DATE 102975

TO BLC-51

FROM (FOLD HERE FOR RETURN)

ROOM NO. NY 100-822

COMMENTS

☐ PER YOUR REQUEST
☐ PER OUR CONVERSATION
☐ FOR YOUR INFORMATION
☐ FOR YOUR APPROVAL
☐ FOR YOUR SIGNATURE
☐ NOTE AND FILE

☐ PREPARE REPLY FOR MY SIGNATURE
☒ TAKE APPROPRIATE ACTION
☐ SEE ME ABOUT THIS
☐ NOTE AND RETURN TO ME
☐ COMMENT AND RETURN

Receiv
Director
Operating
NY

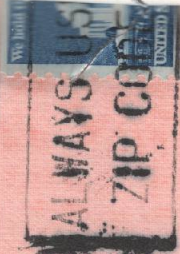
Dear Sir **D-299059**

Retired from work
Monday Oct. 20th - 75

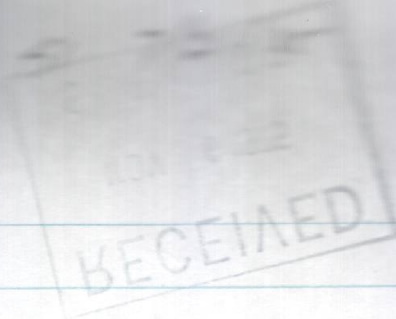
Sincerely

Mrs. Gilbert Dondur
44 Lake St.
Hamden

RECEIVED



Pennington General Office
54 Meadows Street
Room 118
New Haven 06510



44 Lake Street
Hamden, Conn 06517.

RECEIVED
OCT 29 1973
M. J. F. D.

RECEIVED
OCT 29 1973
M. J. F. D.

RECEIVED
OCT 29 1973
M. J. F. D.

RECEIVED

Note to File: D299059

Social security benefits payable to Eileen Condon on SSA
account number 042-30-0441A should have been certified to the
RRB for payment. The RR annuity for the above beneficiary should be adjusted
for the SS benefit shown on the MBR. Until jurisdiction of the benefit pay-
ment is transferred to the Board at a later date, request any required up-
dated SS benefit rates by G-60 or RR-6a.

M. Gillmore

M. Gillmore
Methods and Procedures

OCT 31 1975

**RAILROAD RETIREMENT BOARD
LEAD AND/OR REQUEST TO SSA FOR BENEFIT DATA**

RR-6
(11-69)

<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>1 NAME AND ADDRESS</p> <p>EILEEN CONDRON 44 LAKE ST. HAMDEN, CT. 06517</p> </div> <div style="width: 60%;"> <p>2 SS ACCOUNT NO. 042-30-0441</p> <p>3 RRB CLAIM NO. D299059</p> <p>4 RRB UNIT 51</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;"> <p>5 DATE OF BIRTH 8-22-10 <small>SEP 11 1975</small></p> </div> <div style="width: 60%;"> <p>6 DATE OF RELEASE 9-8-75</p> </div> </div> <div style="margin-top: 5px;"> <p>7 REASON FOR REQUEST</p> <p>TRIC 90 RRB INDICATION, NO MBR ON FILE WIDOW ALLEGES FILING</p> <p><input type="checkbox"/> LEAD - NOT INSURED ON BDPA E/R BUT ALLEGES SUFFICIENT</p> <p><input type="checkbox"/> LAG <input type="checkbox"/> M/S <input type="checkbox"/> RR SERVICE</p> <p>9 <input type="checkbox"/> SURVIVOR</p> <p>SS GUARANTY RATE \$ _____ RR BASIC RATE \$ _____</p> </div> </div>	<p>8 SSA DISTRICT OFFICE</p> <p>135 COLLEGE ST. NEW HAVEN, CT. 06510</p>										
<p>10 DO REPORT</p> <p align="center"><small>INSTRUCTION: Complete this item and return original to RRB. If claim filed, forward copy to reviewing office - with the claims material if you still have it.</small></p>											
<p>(a) WAGE EARNER</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><input type="checkbox"/> CLAIM NOT FILED <input type="checkbox"/> CLAIM WITHDRAWN <input type="checkbox"/> CLAIM DENIED</p> <p><input checked="" type="checkbox"/> ENTITLED TO: <input checked="" type="checkbox"/> RIB <input type="checkbox"/> DIB</p> <p>FILING DATE 7-8-75</p> </div> <div style="width: 60%;"> <p>(REASON) _____</p> <p>PIA \$ 222.70 BENEFIT \$ 222.70 EFF. 10-75</p> <p>PIA \$ _____ BENEFIT \$ _____ EFF. _____</p> </div> </div>											
<p>(b) AUXILIARY BENEFICIARIES</p> <table border="0" style="width:100%;"> <tr> <td style="width:30%;"><input type="checkbox"/> NONE HAVE FILED</td> <td style="width:70%;"><input type="checkbox"/> THE FOLLOWING HAVE FILED:</td> </tr> <tr> <td>NAME</td> <td>DOB FILING DATE BENEFIT RATE OR REASON FOR DENIAL EFF. DATE OF RATE</td> </tr> <tr> <td>NONE</td> <td></td> </tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>		<input type="checkbox"/> NONE HAVE FILED	<input type="checkbox"/> THE FOLLOWING HAVE FILED:	NAME	DOB FILING DATE BENEFIT RATE OR REASON FOR DENIAL EFF. DATE OF RATE	NONE					
<input type="checkbox"/> NONE HAVE FILED	<input type="checkbox"/> THE FOLLOWING HAVE FILED:										
NAME	DOB FILING DATE BENEFIT RATE OR REASON FOR DENIAL EFF. DATE OF RATE										
NONE											
<p>(c) ENTITLEMENT ON ANOTHER ACCT. NO. NONE</p> <p>NAME OF W/E _____</p> <p>TYPE OF BENEFIT _____ MO. RATE \$ _____ EFF. DATE _____</p> <p>FILING DATE _____ MO. RATE \$ _____ EFF. DATE _____</p> <p>BY SSA DO AT _____ DATE _____</p>											
<p>11 REMARKS <input type="checkbox"/> BY RRB <input checked="" type="checkbox"/> BY DO</p> <p align="center">HAS SS CLAIM BEEN FLAGGED FOR RR CERT?</p> <p align="center"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>											

RAILROAD RETIREMENT BOARD
LEAD AND/OR REQUEST TO SSA FOR BENEFIT DATA

1 NAME AND ADDRESS EILEEN CONDRON 44 LAKE ST. HAMDEN, CT. 06517		2 SS ACCOUNT NO. 043-30-0441		3 RRB CLAIM NO. D844052		4 RRB UNIT 21	
5 DATE OF BIRTH 8-25-10		6 DATE OF RELEASE 8-8-75		7 REASON FOR REQUEST TRIC TO RRB INDICATION, NO MAR ON WINDOW			
8 22A DISTRICT OFFICE May be used for window envelope if folded properly.				9 SURVIVOR BUREAU OF RETIREMENT CLAIMS RAILROAD RETIREMENT BOARD 844 RUSH STREET CHICAGO, ILLINOIS 60611			
10 DO REPORT		11 WAGE EARNER		12 GUARANTY RATE \$		13 BASIC RATE \$	

INSTRUCTION: Complete this item and return original to RRB. If claim filed, forward copy to reviewing office - with the claims material if you still have it.

14 CLAIM NOT FILED <input type="checkbox"/>		15 CLAIM WITHDRAWN <input type="checkbox"/>		16 CLAIM DENIED <input type="checkbox"/>		17 CLAIM (REASON)	
18 ENTITLED TO: <input checked="" type="checkbox"/> RIB <input type="checkbox"/> DIB		19 FILING DATE 7-8-75		20 PIA \$ 233.70		21 BENEFIT \$ 233.70	
22 EFFECTIVE DATE 7-8-75		23 NONE HAVE FILED <input type="checkbox"/>		24 THE FOLLOWING HAVE FILED: <input type="checkbox"/>		25 BENEFIT RATE OR REASON FOR DENIAL	
26 NAME		27 DOB		28 FILING DATE		29 EFFECTIVE DATE OF RATE	
30 NAME		31 DOB		32 FILING DATE		33 EFFECTIVE DATE OF RATE	
34 ENTITLEMENT ON ANOTHER ACCT. NO.		35 TYPE OF BENEFIT		36 FILING DATE		37 EFFECTIVE DATE	
38 BY SSA		39 DO AT		40 DATE		41 EFFECTIVE DATE	

HAS 22 CLAIM BEEN FLAGGED FOR RR CERTS

YES ☐ NO ☒



**RAILROAD RETIREMENT BOARD
LEAD AND/OR REQUEST TO SSA FOR BENEFIT DATA**

RR-6 SUP
(11-69)

1 NAME AND ADDRESS EILEEN CONDRON 44 LAKE ST. HAMDEN, CT. 06517	2 SS ACCOUNT NO. 042-3030441	3 RRB CLAIM NO. D299059	4 RRB UNIT 51
5 DATE OF BIRTH 8-27-1975		6 DATE OF RELEASE 9-8-75	
7 REASON FOR REQUEST TRIC 90 INDICATION NO MORON FID WISDOM ALLEGED			
8 SSA DISTRICT OFFICE 135. COLLEGE ST NEW HAVEN, CT 06510			
<input type="checkbox"/> LEAD - NOT INSURED ON BDPA E/R BUT ALLEGES SUFFICIENT <input type="checkbox"/> LAG <input type="checkbox"/> M/S <input type="checkbox"/> RR SERVICE			
9 <input type="checkbox"/> SURVIVOR			
SS GUARANTY RATE \$		RR BASIC RATE \$	

10 DO REPORT INSTRUCTION: Complete this item and return original to RRB. If claim filed, forward copy to reviewing office - with the claims material if you still have it.

(a) WAGE EARNER

<input checked="" type="checkbox"/> CLAIM NOT FILED	<input type="checkbox"/> CLAIM WITHDRAWN	<input type="checkbox"/> CLAIM DENIED	(REASON) 222 70	10-75
<input checked="" type="checkbox"/> ENTITLED TO:	<input type="checkbox"/> RIB <input type="checkbox"/> DIB	PIA \$	BENEFIT \$	EFF.
FILING DATE 7-8-75		PIA \$	BENEFIT \$	EFF.

(b) AUXILIARY BENEFICIARIES ☐ NONE HAVE FILED ☐ THE FOLLOWING HAVE FILED:

NAME	DOB	FILING DATE	BENEFIT RATE OR REASON FOR DENIAL	EFF. DATE OF RATE
NONE				

(c) ENTITLEMENT ON ANOTHER ACCT. NO. NONE

NAME OF W/E	MO. RATE \$	EFF. DATE
TYPE OF BENEFIT	MO. RATE \$	EFF. DATE
FILING DATE	MO. RATE \$	EFF. DATE

BY SSA DO AT DATE

11 REMARKS ☐ BY RRB ☒ BY DO ☐ BY REVIEWING OFFICE

12 REVIEWING OFFICE REPORT INSTRUCTION: If DO determination, as shown in item 10, is changed by the reviewer, complete this item and forward form to RRB.

(a) WAGE EARNER

<input type="checkbox"/> CLAIM WITHDRAWN	<input type="checkbox"/> CLAIM DENIED	(REASON)
<input type="checkbox"/> ENTITLED TO:	<input type="checkbox"/> RIB <input type="checkbox"/> DIB	PIA \$ BENEFIT \$ EFF.
FILING DATE		PIA \$ BENEFIT \$ EFF.

(b) AUXILIARY BENEFICIARIES ☐ NONE HAVE FILED ☐ THE FOLLOWING HAVE FILED:

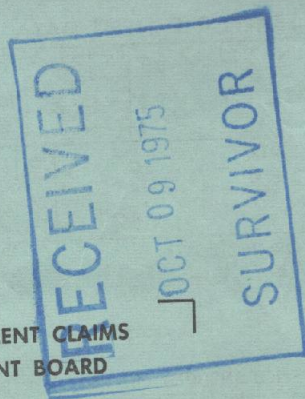
NAME	DOB	FILING DATE	BENEFIT RATE OR REASON FOR DENIAL	EFF. DATE OF RATE

(c) ENTITLEMENT ON ANOTHER ACCT. NO.

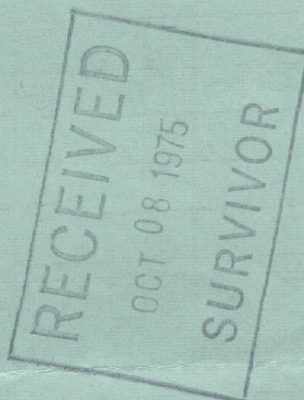
NAME OF W/E	MO. RATE \$	EFF. DATE
TYPE OF BENEFIT	MO. RATE \$	EFF. DATE
FILING DATE	MO. RATE \$	EFF. DATE

BY SSA REVIEWING OFFICE AT DATE

BUREAU OF RETIREMENT CLAIMS
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611



*May be used for window
envelope if folded properly.*



RRB FORM G 90 (4 70)

RRB FORM G-91 (8-75)		1 FILE NAME OF EMPLOYEE									
DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED		JAMES P. CONORON									
		2		10		3		11		4 RRB	
		SSA NO.		710031966		SORT CODE		3		CLAIM NO. D-299059	
5 DOCUMENTS ESTABLISH: ("X" applicable boxes)											
TYPE CODE (COLS. 12-14)		9 0 0		CODE COLS.		CODE COLS.		CODE COLS.		CODE COLS.	
AGE OF EMPLOYEE				0 23		MARRIAGE				4 27	
AGE OF SPOUSE OR WIDOW(ER)		X		1 24		RELATIONSHIP				5 28	
AGE/RELATIONSHIP OF CHILD				2 25		MILITARY SERVICE				6 29	
AGE OF PARENT				3 26		DEATH				7 30	
A. BIRTH, RELATIONSHIP, MARRIAGE, AND NAME RECONCILIATION											
6 EMPLOYEE		(A) NAME				(B) DATE OF BIRTH		31 MO. DAY YR. 36			
AFFIDAVITS REQUIRED		(C) AGE				(D) DATE RECORD MADE		(E) WEIGHT OF RECORD		37 38	
7 SPOUSE OR WIDOW(ER)		AILEEN O'NEILL				(B) DATE OF BIRTH		44 MO. DAY YR. 49		1 0 2 0 1 0	
AFFIDAVITS REQUIRED		(C) AGE				(D) DATE RECORD MADE		(E) WEIGHT OF RECORD		50 51	
						011711				54	
8 CHILD, PARENT, OR OTHER		(A) NAME				(B) DATE OF BIRTH		52 MO. DAY YR. 57			
AFFIDAVITS REQUIRED		(C) AGE				(D) DATE RECORD MADE		(E) WEIGHT OF RECORD		58 59	
9 NAMES OF PARENTS		(A) FATHER'S NAME				(B) MOTHER'S MAIDEN NAME					
10 MARRIAGE		(A) PLACE OF MARRIAGE (CITY AND STATE)				(B) DATE OF MARRIAGE		60 MO. DAY YR. 65			
AFFIDAVITS REQUIRED		(C) HUSBAND'S NAME				(D) WIFE'S NAME					
B. MILITARY SERVICE											
11 NAME AND RANK		12 BRANCH				13 SERIAL NO.					
14 DATE ENLISTED OR INDUCTED		15 DATE ENTERED ACTIVE DUTY		66 MO. DAY YR. 71		16 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY		72 MO. DAY YR. 77			
17 MEANS OF ENTRY INTO SERVICE:		<input type="checkbox"/> CALLED FROM INACTIVE DUTY		<input type="checkbox"/> RE-ENLISTED		18 TYPE OF DISCHARGE		19 "X" IF MULTIPLE PERIODS OF SVC.		78	
		<input type="checkbox"/> INDUCTED		<input type="checkbox"/> ENLISTED		<input type="checkbox"/> COMMISSIONED					
C. TYPE AND AGE VALUES OF DOCUMENTS											
20 TYPE OF DOCUMENT ("X" applicable box)		VALUE		TYPE OF DOCUMENT ("X" applicable box)		VALUE		21 AGE OF DOCUMENT ("X" applicable box)			
<input checked="" type="checkbox"/> Civil Birth Record				<input type="checkbox"/> School Record				RECORDED-YEARS AFTER BIRTH			
<input type="checkbox"/> Church Birth/Baptism Record		30		<input type="checkbox"/> Vaccination Record		15		<input checked="" type="checkbox"/> Record made within 1 year			
<input type="checkbox"/> Birth Registration Notice				<input type="checkbox"/> Insurance Record				<input type="checkbox"/> Record made 1 through 10 years			
<input type="checkbox"/> Hospital Birth Record								<input type="checkbox"/> Record made 11 through 20 years			
<input type="checkbox"/> Physician or Midwife Record		25		<input type="checkbox"/> Labor Union or Fraternal Record		10		<input type="checkbox"/> Record made 21 through 30 years			
<input type="checkbox"/> Bible or other Family Record				<input type="checkbox"/> Employer's Record				<input type="checkbox"/> Record made 31 through 40 years			
<input type="checkbox"/> Naturalization Record				<input type="checkbox"/> Other Records Not Classified Above (Specify)		5		<input type="checkbox"/> Record made 41 through 50 years			
<input type="checkbox"/> Military Record								<input type="checkbox"/> Record made 51 through 60 years			
<input type="checkbox"/> Immigration Record		20						<input type="checkbox"/> Record made 61 through 70 years			
<input type="checkbox"/> Passport											
<input type="checkbox"/> Census or Draft											

D. DEATH	
22 NAME OF DECEASED AS SHOWN ON EVIDENCE	23 DATE OF DEATH
24 PLACE OF DEATH (CITY AND STATE)	25 KIND OF DOCUMENT <input type="checkbox"/> DEATH CERTIFICATE
E. INSTRUCTIONS FOR COMPLETING THIS FORM:	
26 Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is <u>not</u> shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the type value (Item 20) to the age value (Item 21) and enter the total weight value in Items 6(e), 7(e) or 8(e), depending on whose birth date is being established. If multiple documents are being transcribed for two or three persons, show a symbol after the type and the age of the document as follows:	
APPLICANT EMPLOYEE <input type="checkbox"/> INDUCED <input type="checkbox"/> EMPLOYED <input type="checkbox"/> COMMISSIONED SPOUSE <input type="checkbox"/>	SYMBOL E W C CHILD
In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.	
F. REMARKS AND CERTIFICATION	
27 REMARKS:	
11 NAME AND RANK 12 BRANCH	
G. MILITARY SERVICE	
10 MARRIAGE (A) PLACE OF MARRIAGE (CITY AND STATE) (B) DATE OF MARRIAGE	(C) HUSBAND'S NAME (D) WIFE'S NAME (E) WEIGHT OF RECORD
9 PARENTS (A) FATHER'S NAME (B) MOTHER'S MAIDEN NAME	(C) AGE (D) DATE RECORD MADE (E) WEIGHT OF RECORD
8 OTHER PARENT OR CHILD (A) NAME (B) DATE OF BIRTH	(C) AGE (D) DATE RECORD MADE (E) WEIGHT OF RECORD
7 WIDOW(ER) SPOUSE OR (A) NAME (B) DATE OF BIRTH	(C) AGE (D) DATE RECORD MADE (E) WEIGHT OF RECORD
6 EMPLOYEE (A) NAME (B) DATE OF BIRTH	(C) AGE (D) DATE RECORD MADE (E) WEIGHT OF RECORD
A. BIRTH, REGISTRATION, MARRIAGE, AND NAME RECONCILIATION	
AGE OF PARENT AGE/REGISTRATION OF CHILD AGE OF SPOUSE OR WIDOW(ER) AGE OF EMPLOYEE TYPE CODE (CODES 15-19)	DEATH MILITARY SERVICE REGISTRATION MARRIAGE CODE CODES
28 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.	
UNIT OR FIELD OFFICE CERTIFICATION AS TO POSITION AND DATE	SIGNATURE & TITLE OF TRANSCRIBER SIGNATURE & TITLE OF REVIEWER DATE

FOLDER RECORD OF ACTION TAKEN

CLAIM NUMBER

0299059

FORM RELEASED

RRb

RELEASED TO

SAD/D 135 College St. New Haven, Ct. 06510

OTHER ACTION:

RRb indic on RIC 90

7-8-75

(DATE)

C. Steffy

(EXAMINER)

RRB Chicago

SPEED MEMO

TO

FROM

SUBJECT

MESSAGE

DATE

YOUR REPLY

DATE

SIGNED:

SIGNED:

REQUEST FOR SSA WAGE / BENEFIT INFORMATION

PART I

1	RRB Claim Number	1-10	PRE FIX	SSA	CLAIM NUMBER
			D		299057
2	BRC Unit Designation (1-SI, 2-SP, 3-BC, 4-SS, 5-RI, 6-RP, 7-P&A, 8-DB, 9-HIO)	11	1		

PART II

3	TYPE of Request	12	3
	IN 12 ENTER	13-21	042300441
	1 2 3 4 5 6		
	RRB ANN. OR IPI:		
	EMPLOYEE ANY SPOUSE OR SURV. SPOUSE ANY		
	SEARCH MBR FOR:		
	RIB DIB RIB WIB ANY EX- CEPT RIB, DIB ANY EXCEPT RIB, DIB (NO SS-5 CHECK)		
	IN 13-21 ENTER:		
	EE'S A/N OWN A/N OWN A/N EE'S A/N A/N ON WHICH MAY HAVE FILED A/N ON WHICH FILED		
4	NAME (Last name, up to 10 letters, comma, 1st and 2nd initials)	22-34	CONDIRON, E
5	Date of Birth	35-40	082210
6	Sex 1-Male 2-Female	41	2
7	Year of Employee Disability Onset	42-43	
Complete Items 8 through 13 For Employee's PIA Computation on Wages and Compensation			
8	Employee's Annuity Beginning Date	44-49	
9	Lag Compensation Code (0-NONE; 1-IN DLW YEAR; 2-IN DLW AND PRIOR YEAR)	50	
10	Year of Date Last Worked (DLW) for Railroad	51-52	
11	Lag Compensation in DLW Year	53-59	
12	Year Before DLW Year, If in Lag Period	60-61	
13	Lag Compensation, if any, In Year Before DLW Year	62-68	
14	Employee Annuity Code: 1-2(a)1; 2-2(a)3; 3-2(a)2; 5-2(a)4 or 2(a)5	69	

PART III

15	Type of Request (Select appropriate code for col. 12 and SS A/N for cols. 13-21 from Item 3)	12	
		13-21	
16	Name (Last name, up to 10 letters, comma, 1st and 2nd initials)	22-34	
17	Date of Birth	35-40	
18	Sex 1-Male 2-Female	41	

PART IV

19	Type of Request (Select appropriate code for col. 12 and SS A/N for cols. 13-21 from Item 3)	12	
		13-21	
20	Name (Last name, up to 10 letters, comma, 1st and 2nd initials)	22-34	
21	Date of Birth	35-40	
22	Sex 1-Male 2-Female	41	

PREPARED BY

A. Steffy

DATE

7/26/75

D299059

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED

all by Ba's new, GAO
BDPA

RELEASED TO

OTHER ACTION:

update

(DATE)

7/5/75

(EXAMINER)

A. [Signature]

CHECK LIST FOR
SURVIVOR APPLICATIONS

1. TO D/O:

2. DATE

3. RRB CLAIM NO.

4. NAME OF DECEASED EMPLOYEE

5. SSA NO.

6. EMPLOYEE DIED;
COMPLETELY (FULLY) INSURED
☐ RRB ☐ SSA ☐ NEITHER

7. DOD

8. LAST RAILROAD EMPLOYER

9. ☐ WIA BEING
PAID AT MA
RATE10. CHECK OUTSTANDING
DATED:

11. D/O

12. DATE

13. ☐ FAST PAY CASE☐ HQ
SELECTED☐ FIELD SELECTED
ADVANCE NOTICE SENT☐ FIELD SELECTED
NO ADVANCE NOTICE

14.

NAME, ADDRESS, AND TELEPHONE
NUMBER OF SURVIVOR(S) OR APPLICANT(S)DATE
OF
BIRTHRELATION-
SHIP OR
TITLE

APPLICATION

RECEIVED
REQ. PER- MAIL EMP. FORM
SON SON NUMBER

15.

REQUIRED FORMS AND DOCUMENTS

ATT.

PREV.
SUB.TO BE
SUB.

POD

POM
DOM:

POA AND/OR POR OF:

G-476 a

RL-94-F

RL-113

POM/S

PO PAYMENT
B/E:PO PAYMENT
LI/E:PO APPT.
LEGAL REP.DEPEND. STATEMENT
OF PARENT OR G-467

16. REMARKS

W sent us a letter stating she
retiring in 10/75, wld like
to get only pens. due her.
Pls. adv. for WIA. B-65 mnt
to widow.
Widow formerly rec'd a WIA

17. FOR HEADQUARTERS USE ONLY

☐ G-73a and att. released on (date)☐ G-90 ☐ G-88a ☐ G-438 ☐ OA-C794 ☐ RR-90☐
☐ G-73a not released

74. D 299059

Handwritten address stamp

M
44 Lake Street
Hamden, Conn. 06517
July 2, 1975

Dear Sirs:

I am writing to establish a claim to any benefits I may have coming to me from my late husband. His name was James P. Condron Social Security # 710-03-1966 and he was employed by the New York, New Haven & Hartford Railroad. He died on June 29, 1955. I collected widow and dependent children benefits from then until 1965. I am retiring in October, 1975 and would like to get any benefits due me. I am presently employed by the New Haven Redevelopment Agency. I will be 65 years of age on October 20, 1975. My earnings for 1974 were \$8200.00 or approximately \$680.00 per month. My earnings for 1975 including October will be approximately \$6800.00. My Social Security Number is 042-30-0441. I would appreciate hearing from you on this matter.

Thank you

Eileen Condron
Eileen Condron

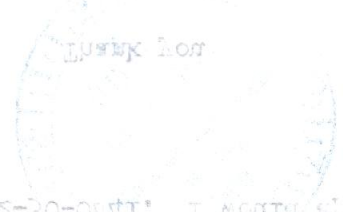
44 Lake Street
Hamden, Conn. 06517

Handen, Conn. 06517

44 Lake Street

Handen, Conn. 06517

James P. Condon



Security number is 042-30-0471. I would appreciate
 your assistance for 1972 including correct will
 for 50% 1972. My earnings for 1972 were \$2500.00
 employed by the New Haven Redevelopment Agency.
 In October, 1972 and would like to get my
 widow and dependent children benefits
 the New York, New Haven & Hartford Railroad.
 I was James P. Condon Social Security #
 to my benefits I may have some

JUL 5 1972

Handen, Conn. 06517

44 Lake Street

Condon
 44 Lake Street
 Handen, Conn. 06517



Railroad Retirement Board

844 Rush Street

Chicago, Illinois 60611



CLATH NUMBER	SSA NUMBER	SEX	G19A EARNINGS	DOB MO YR	PRV QC	ADD QC	QTR YR
D 299059	042-30-0441	F	NONE	08 10	70	01	39

1968		1967		1966	
EARNINGS	QC PAT	EARNINGS	QC PAT	EARNINGS	QC PAT
3632.59	CCCC	4397.56	CCCC	3408.96	CCCC

SURVIVOR

EARNINGS REPORTED BY SSA INDICATE ADJUSTMENT NECESSARY FOR 1968

EILEEN

CLATH NUMBER	SSA NUMBER	SEX	G19A EARNINGS	DOB MO YR	PRV QC	ADD QC	QTR YR
D 299059	042-30-0441	F	NONE	08 10	70	03	29

1968		1967		1966	
EARNINGS	QC PAT	EARNINGS	QC PAT	EARNINGS	QC PAT
2582.58	CCCN	4397.56	CCCC	3408.96	CCCC

1968		1967		1966	
EARNINGS	QC PAT	EARNINGS	QC PAT	EARNINGS	QC PAT
3408.96	CCCC	3700.00	NNCC	3408.96	NNCC

SURVIVOR

EARNINGS REPORTED BY SSA INDICATE ADJUSTMENT NECESSARY FOR 1968

EARNINGS REPORTED BY SSA INDICATE ADJUSTMENT NECESSARY FOR 1968

G (17) reviewed

NAW

SEP 11 1969

F. H. H. H.

CLAIM NUMBER	SSA NUMBER	SEX	G19A EARNINGS	DOB MO YR	PRV QC	ADD QC	QTR YR
D 299059	042-30-0441	F	NONE	08 10	70	05	38

1966		1965		1963	
EARNINGS	QC PAT	EARNINGS	QC PAT	EARNINGS	QC PAT
3408.96	CCCC	3700.00	NNCC	726.00	NNKN

SURVIVOR

EARNINGS REPORTED BY SSA INDICATE ADJUSTMENT NECESSARY FOR 1966

CLAIM NUMBER	SSA NUMBER	SEX	G19A EARNINGS	DOB MO YR	PRV QC	ADD QC	QTR YR
D 299059	042-30-0441	F	NONE	08 10	70	04	38

1967		1966		1965	
EARNINGS	QC PAT	EARNINGS	QC PAT	EARNINGS	QC PAT
4397.56	CCCC	3408.96	CCCC	700.00	NNCC

SURVIVOR

EARNINGS REPORTED BY SSA INDICATE ADJUSTMENT NECESSARY FOR 1967

FORM RL-24 (11-64) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF LUMP-SUM AWARD	When Writing to the Board, Always Give: THE DECEASED EMPLOYEE'S NAME and THIS CLAIM NO. → D-299059	DATE MAY 17 1967
---	---	----------------------------

Eileen Condron for Eileen B. Condron

You have been awarded a lump-sum payment of the type checked below.

- ☐ Insurance lump sum. This benefit is based on the employee's railroad earnings and social security earnings, if any. Therefore, no benefits are payable under the Social Security Act. \$
- ☐ Residual lump sum. \$
- ☒ The increased amount due you and your daughter for 1965 because of the Amendments to the Social Security Act effective January 1, 1965. \$ 48.80
- A check for the amount due you is enclosed.

If Eileen B. Condron has not already filed application as a student with our New Haven office, she should do so immediately.

Should you have any questions about this award, contact the nearest office of the Board. If you call in person, please take along this notice and any other material you have regarding your claim.

Enclosure
Check

D. M. Smith

10/5-13

D. M. Smith

Director of Retirement Claims

ns 5-9-67

RATE ATTACHMENT FOR MONTHS AFTER JULY, 1961

BASIC AMT. *	PIA \$105	MAX. SSA FORMULA \$ 240.00					MAX. O/M (UNROUNDED) \$ 264.00			
	FAMILY COMPOSITION	W or M	C-1	C-2	C-3	C-4	C-5	TOTAL 1 MO.	TOTAL 2 MOS.	TOTAL 3 MOS.
85.00	W (Age 60 or over)	95.30						95.30	190.60	285.90
85.00	1-C		86.70					86.70	173.40	260.10
85.00	M and 1-C	104.00	69.30					173.30	346.60	519.90
85.00	2-C's		86.70	86.70				173.40	346.80	520.20
#	M and 2-C's	111.40	74.30	74.30				260.00	520.00	780.00
#	3-C's		86.70	86.70	86.70			260.10	520.20	780.30
#	M and 3-C's	88.00	58.70	58.70	58.70			264.10	528.20	792.30
#	4-C's		66.00	66.00	66.00	66.00		264.00	528.00	792.00
#	M and 4-C's	72.00	48.00	48.00	48.00	48.00		264.00	528.00	792.00
#	5-C's		52.80	52.80	52.80	52.80	52.80	264.00	528.00	792.00

* IF THE BASIC AMOUNT COMPUTED FOR THIS CASE IS EQUAL TO OR GREATER THAN THE BASIC AMOUNT SHOWN IN THIS COLUMN FOR THE APPLICABLE FAMILY GROUP, THE O/M WILL NOT APPLY. IF A "#" IS SHOWN, THE O/M RATE FOR THE APPLICABLE FAMILY GROUP IS GREATER THAN \$194.00, THE MAXIMUM (ROUNDED) UNDER THE RRA FORMULA.

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

MAR 31 1967

BUREAU OF RETIREMENT CLAIMS

Mrs. Eileen Condron
151 Linden Street
New Haven, ConnecticutWHEN WRITING TO THE BOARD
ALWAYS GIVE

THIS CLAIM NO. → D-299059

Recent amendments to the Railroad Retirement Act provide monthly survivor benefits for children age 18 through 21 while attending school full time. Increases were also provided for some monthly survivor benefits payable after 1964.

If, after December 1964, any child of the deceased employee attended school full time while age 18-21, the child should call at the nearest Board office and inquire about benefits for full-time students.

Our records show that after 1964 you received monthly Railroad Retirement benefits for yourself or for one or more children of the deceased employee. Therefore, the benefit increase provided by the amendments is due. Before we can pay this increase, we need the present address of each of the persons formerly paid such benefits. Each person should enter his address and sign his name in one of the spaces provided below. Return this letter promptly; retain the copy.

Very truly yours,

*D. M. Smith*D. M. Smith
Director of Retirement Claims

Enclosure

T-83

T-222

My present address is:

STREET ADDRESS <i>151 Linden Street</i>		STREET ADDRESS <i>151 Linden Street</i>	
CITY, STATE, ZIP CODE <i>New Haven Conn</i>		CITY, STATE, ZIP CODE <i>New Haven Conn</i>	
SIGNATURE <i>Eileen B. Condron</i>	DATE <i>4/5/67</i>	SIGNATURE <i>Eileen Condron</i>	DATE <i>4/5/67</i>

My present address is:

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

MAR 31 1967

BUREAU OF RETIREMENT CLAIMS

WHEN WRITING TO THE BOARD
ALWAYS GIVE

Mrs. Eileen Gordon
151 Linden Street
New Haven, Connecticut

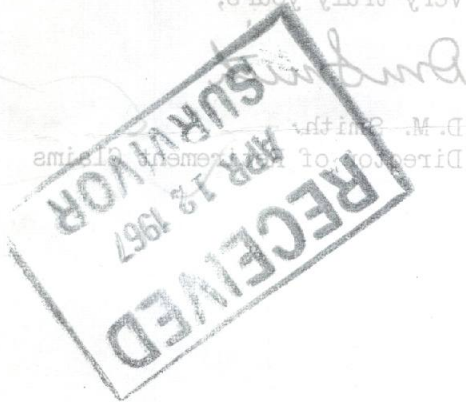
THIS CLAIM NO. D-599059

Recent amendments to the Railroad Retirement Act provide monthly survivor benefits for children age 18 through 21 while attending school full time. Increases were also provided for some monthly survivor benefits payable after 1964.

If, after December 1964, any child of the deceased employee attended school full time while age 18-21, the child should call at the nearest Railroad Retirement Office and inquire about benefits for full-time students.

Our records show that after 1964 you received monthly Railroad Retirement benefits for yourself or for one or more children of the deceased. Therefore, the benefit increase provided by the amendments is due. Before we can pay this increase, we need the present address of each of the persons formerly paid such benefits. Each person should enter his address in one of the spaces provided below. Return this letter promptly; retain the copy.

Very truly yours,



Enclosure
T-83
T-222

My present address is:

My present address is:

STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
SIGNATURE	DATE	SIGNATURE	DATE

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

MAR 31 1967

BUREAU OF RETIREMENT CLAIMS

Mrs. Eileen Condron
151 Linden Street
New Haven, ConnecticutWHEN WRITING TO THE BOARD
ALWAYS GIVE

THIS CLAIM NO. ➡ D-299059

Recent amendments to the Railroad Retirement Act provide monthly survivor benefits for children age 18 through 21 while attending school full time. Increases were also provided for some monthly survivor benefits payable after 1964.

If, after December 1964, any child of the deceased employee attended school full time while age 18-21, the child should call at the nearest Board office and inquire about benefits for full-time students.

Our records show that after 1964 you received monthly Railroad Retirement benefits for yourself or for one or more children of the deceased employee. Therefore, the benefit increase provided by the amendments is due. Before we can pay this increase, we need the present address of each of the persons formerly paid such benefits. Each person should enter his address and sign his name in one of the spaces provided below. Return this letter promptly; retain the copy.

Very truly yours,

*D. M. Smith*D. M. Smith
Director of Retirement Claims

Enclosure

T-83

T-222

My present address is:

STREET ADDRESS	
CITY, STATE, ZIP CODE	
SIGNATURE	DATE

My present address is:

STREET ADDRESS	
CITY, STATE, ZIP CODE	
SIGNATURE	DATE

Typist:



Prepare T-211 Original and 1 copy



Prepare T-211(a) Original and 2 copies

Enclosures: T-83 and T-222

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

BUREAU OF RETIREMENT CLAIMS

Mrs. Eileen Condon
151 Linden St.
New Haven, Conn.

MAY 24 1965

In reply refer to
RRB No. 5299059
Name of Deceased Employee

James P. Condon

Dear Mrs. Condon:

Your widow's current insurance annuity has ended because your child has attained age 18. Your annuity was last payable for the month of April, 1965.

After a child has attained age 18, he may continue to receive a child's insurance annuity if he is unmarried and has a permanent disability which prevents any kind of regular employment, and this condition existed continuously since before age 18. A widow who has such a child in her care may also receive a widow's current insurance annuity. If you have a disabled child, you should write us, telling us the child's name, his age when he became disabled, and whether he has been able to work since becoming disabled. Also explain the nature of your child's disability.

If there is no disabled child, further benefits may become payable in this case under the conditions checked below:



If you do not remarry, you may become eligible for a widow's insurance annuity by filing a new application with the Railroad Retirement Board when you attain age 60.



If you do not remarry, and if your husband performed at least 120 months of railroad service, you may become eligible for a widow's insurance annuity under the Railroad Retirement Act. When you attain age 60, write to this office if your husband had the required 120 months of service. If your husband had less than 120 months of railroad service, you should ask the Social Security Administration about a monthly benefit when you attain age 62.



No further monthly annuities are payable under the Railroad Retirement Act because your husband did not have at least 120 months of railroad service. You may, however, be eligible for monthly benefits under the Social Security Act when you attain age 62, if you have not remarried. At that time, you should file an application at an office of the Social Security Administration.

Very truly yours,

D. M. Smith

D. M. Smith
Director of Retirement Claims

Enclosure
T-83

FORM NO. RL-119 (5-57) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO 11, ILLINOIS NOTICE OF INSURANCE ANNUITY ADJUSTMENT	IN REPLY REFER TO RRB NO. D-299059 NAME OF EMPLOYEE James P. Condron	DATE 1963
---	---	-----------

Eileen Condron and for:

The insurance annuities payable to the family group have been adjusted because John J. Condron attained age 18 on April 23, 1963.

Benefits will now be paid as follows:

Name	Effective Date	Monthly Rate
Eileen Condron	4-1-63	\$104.00
Eileen B. Condron	4-1-63	\$ 69.30

The enclosed check covers the amount due through April 30, 1963.

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board you may use the form printed on the back of the envelope in which your check is mailed. Simply complete the form, sign it, and mail it in an envelope to the Board. Be sure to include your RRB claim number. (This number is shown to the right of your name on your check.)

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this notice.

ALWAYS GIVE YOUR RRB CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information.

If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Enclosures

Check G-18 mc 4-3-6-3
 T-83
 G-74

D. M. Smith
 D. M. Smith
 Director of Retirement Claims

DATE 1963	IN REPLY REFER TO RRB NO. D-29925	RRB FORM NO. AB-1 (7-59) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO 11, ILLINOIS
NAME OF James P. Condon		
IMPORTANT NOTICE OF INSURANCE ANNUITY ADJUSTMENT		

READ THE ENCLOSED PAMPHLET CAREFULLY. It explains in detail the conditions under which an insurance annuity is not payable. If anything happens which would affect payment of the annuity awarded to any person listed on the front of this notice, you should fill out and return the form which is a part of the pamphlet. If you receive an annuity check, other than a combined payment check for multiple beneficiaries, for any month for which it should not be paid, it should be returned to the

Railroad Retirement Board
Disbursements Division
844 Rush Street
Chicago 11, Illinois

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board you may use the form printed on the back of the envelope in which your check is mailed. Simply complete the form, sign it, and mail it in an envelope to the Board. *Be sure to include your RRB claim number.* (This number is shown to the right of your name on your check.)

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this notice.

ALWAYS GIVE YOUR RRB CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information.

If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Enclosures
Check G-18
T-83
G-74

1/1/68

D. M. Smith
Director of Retirement Claims

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

APR 2 1963

BUREAU OF RETIREMENT CLAIMS

Mrs. Cileen Condon
151 Linden St.
New Haven, Conn.

In reply refer to
R.R.B. No. D299059

Dear Mrs. Condon

The monthly annuity payments you are receiving must be adjusted for the reason(s) checked below. Any unchecked explanation does not apply in your case.

- ☐ You are entitled to monthly social security benefits.
- ☐ Your wife has become entitled to a wife's benefit.
- ☒ A child has attained age 18.
- ☐ A child has married.
- ☐ A child has left your care and custody.
- ☐ A child has become employed.
- ☐ A child has ceased to be employed.
- ☐ expected earnings for this year will exceed \$1200.00.
- ☐

This adjustment may cause a slight delay in the receipt of your next payment. However, a check will be mailed to you at the earliest possible date.

Very truly yours,

D. M. Smith
D. M. Smith
Director of Retirement Claims

R. J. Apperly

December 5th 1958

Remarks:

During the first six months of 1958 (Jan 1-June 30)

I had total income of \$791.01.

During the months of July and August 1958

I had income of less than \$80 per month.

From September to December 1958 I had no income.

I would like you to consider this as an application for an annuity as the widow of a deceased R. Road employee with minor children. Helen Cadman

READ THIS PAMPHLET CAREFULLY

It contains important information about

Survivor

Insurance

Annuities

THIS IS INFORMATION THAT YOU SHOULD KNOW

about the conditions under which an insurance annuity is not payable if the person entitled to an annuity works. It includes the requirements for reporting earnings and other events that may affect payment of an annuity.

ALL REQUIRED REPORTS SHOULD BE SENT TO THE BOARD PROMPTLY. DELAYS MAY CAUSE OVERPAYMENTS THAT WILL HAVE TO BE REFUNDED.

U. S. RAILROAD RETIREMENT BOARD
CHICAGO, ILLINOIS

G-74 (10-57)

RRO Chicago

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

**SURVIVOR INSURANCE ANNUITANT'S REPORT
TO RAILROAD RETIREMENT BOARD**

IMPORTANT INSTRUCTIONS

READ THE INFORMATION ON PAGES 1 TO 4 OF THIS PAMPHLET BEFORE FILLING OUT THIS FORM. FILL OUT THIS FORM WHEN ANYTHING HAPPENS WHICH WOULD AFFECT PAYMENT OF YOUR ANNUITY OR THE ANNUITY OF ANY PERSON ON WHOSE BEHALF YOU ARE RECEIVING PAYMENTS. REPORT ONLY FOR A PERSON WHOSE ANNUITY WOULD BE AFFECTED. WHEN THIS FORM IS FILLED OUT, MAIL IT TO THE RAILROAD RETIREMENT BOARD, 844 RUSH STREET, CHICAGO 11, ILLINOIS.

1. Name of survivor insurance annuitant to whom report applies EILEEN CONDRON
2. Name of deceased employee JAMES P. CONDRON, SR.
3. Claim number R.R.B. No. D-2990299059
4. The annuitant named in 1 above:
 - (a) ☐ worked for an employer in the railroad industry beginning with the month of _____
 - (b) ☐ is working in the United States and expects his total earnings from all sources (see page 3) for the taxable year to exceed \$1200. His estimated amount of earnings for the taxable year is \$ _____. He worked as an employee for more than \$80 a month or rendered services in self-employment beginning _____
 - (c) ☐ worked outside the United States on 7 or more calendar days a month beginning with the month of _____
 - (d) ☐ was married on _____
 - (e) ☐ died on _____
 - (f) ☐ was adopted on _____ by _____
whose relationship to child is _____ (IF NO RELATIONSHIP, STATE "NONE")
 - (g) ☐ left my care and custody on _____

Signature of person making report:

Eileen Condron _____ (DATE)
(SIGNATURE)
151 Linden Street _____ (STREET ADDRESS)
New Haven 11 _____ (POST OFFICE)
Conn. _____ (STATE)

You may use the back of this form to furnish additional information or to report an event concerning any other survivor insurance annuitant for whom you are receiving benefits.

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Insurance annuities otherwise payable under the Railroad Retirement Act are not payable for one or more months of a year if the annuitant works and earns more than \$1200 from employment or self-employment of any kind during that year. In addition, insurance annuities are not payable to a child who attains age 18 unless such child is permanently disabled. Nor are they payable to any child who marries, or who is adopted by someone other than a stepparent, grandparent, aunt, or uncle. Also, insurance annuities cannot be paid to widows, widowers, or parents who have remarried.

This questionnaire is designed to obtain information that will enable us to determine the months in 1958 for which annuities were payable. Complete the questionnaire, answering all questions that apply to you or to those for whom you are receiving benefits, and return it and the card bearing your name and address to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois, within 30 days. You should complete the report and return it even though you are not now receiving annuity payments. Be sure to sign the report on the line provided for your signature. Please do not fold or otherwise damage the card.

If you are receiving regular monthly payments, failure to return the questionnaire within 30 days after the date on which you receive it will result in suspension of payments.

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

ANNUAL REPORT OF PERSON RECEIVING INSURANCE ANNUITY
PAYMENTS UNDER THE RAILROAD RETIREMENT ACT

1. Enter your RRB claim number here (number shown on enclosed card) WCD-299059

2. Was the deceased employee survived by a parent or parents who are still living? No
(YES or NO)

If "Yes," give the following information for each living parent:

(NAME)

(DATE OF BIRTH)

(ADDRESS)

(NAME)

(DATE OF BIRTH)

(ADDRESS)

IF YOU ARE THE WIDOW, WIDOWER, OR PARENT OF THE DECEASED EMPLOYEE, ANSWER ITEMS 3, 4, 5, 6 AND 7

3. Have you remarried since the death of the employee? No If your answer is "Yes," give the date of your marriage. _____
(YES OR NO)

4. Have you ever had a social security number of your own? YES If "Yes," give your name and account number as shown on your social security card:
(YES OR NO)

EILEEN CONKROW

(NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD)

042-30-0441

(SOCIAL SECURITY ACCOUNT NUMBER)

5. Are you receiving monthly benefits from the Social Security Administration in addition to your annuity under the Railroad Retirement Act? No If your answer is "Yes," give the amount of the benefit and the name and Social Security account number of the person on whose earnings record you are receiving benefits:
(YES OR NO)

(AMOUNT)

(NAME)

(SOCIAL SECURITY NUMBER)

6. (a) Did you work as an employee for anyone during 1958? YES
(YES OR NO)

(b) Were you a self-employed person during 1958? YES
(YES OR NO)

If your answer to either or both of these questions is "Yes," fill in Block 1 or 2 on the last page of this form.

7. Have you been, or will you be, employed or self-employed during 1959? No
(YES OR NO)

If your answer is "Yes," fill in one line of Block 3 on the last page of this form.

IF YOU ARE THE WIDOW, ANSWER ITEM 8

8. Are all of the deceased employee's children under 18 years of age, or who are disabled, living with you? YES
(Yes or No)

If your answer is "No," list the names of the children who are not living with you.

IF THE DECEASED EMPLOYEE WAS SURVIVED BY CHILDREN WHO WERE STILL UNDER 18 YEARS OF AGE ON FEBRUARY 1, 1958, OR WHO ARE OVER 18 AND DISABLED, ANSWER ITEMS 9, 10, 11 AND 12.

9. (Answer (a), (b), (c) and (d) below) Have any of the deceased employee's children who were still under 18 years of age on February 1, 1958, or who are over 18 and disabled,

(a) Married? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF MARRIAGE)

(b) Been adopted? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF ADOPTION)

(NAME AND RELATIONSHIP OF ADOPTING PARENT)

(c) Died? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF DEATH)

(d) Entered active military service? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(d) Entered active military service? No If "Yes," give (YES OR NO) (NAME OF CHILD)

(BRANCH OF SERVICE) (DATE ACTIVE MILITARY SERVICE BEGAN) (RANK AND PAY GRADE)

(CURRENT ADDRESS)

10. Are any of the children receiving monthly benefits from the Social Security Administration in addition to the annuities under the Railroad Retirement Act? No If your answer is "Yes," give the monthly amount of the benefit and the name and Social Security account number of the person on whose earnings record the benefits are based: (AMOUNT) (NAME) (SOCIAL SECURITY NUMBER)

11. (a) Did any of the children work as an employee for anyone during 1958? No (YES OR NO)

(b) Were any of the children self-employed during 1958? No (YES OR NO)

If your answer to either (a) or (b) is "Yes," fill in one of the blocks (Block 1 or 2) on the last page of this form for each such child. If additional blocks are required, furnish the additional information on a separate sheet of paper.

12. Will any of the children be employed or self-employed during 1959? No If your answer is "Yes," fill in one line of Block 3 on the last page of this form for each such child. (YES OR NO)

REMINDER: IF YOU OR ANYONE FOR WHOM YOU COMPLETED THIS REPORT WORKED IN 1958 OR EXPECTS TO WORK IN 1959, BE SURE TO COMPLETE THE PROPER BLOCKS ON THE OTHER SIDE.

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true and that the employment data furnished on the back of this form is correct.

April 21-1959
(DATE SIGNED)

Eileen Soudron
SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

Linden Street 151 New Haven 11 Conn
(PRESENT ADDRESS: STREET AND NUMBER) CITY ZONE STATE

I signed this questionnaire in New Haven Conn
(CITY) (STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

WITNESSES

A (NAME) B (NAME)

(STREET AND NUMBER)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE) (CITY) (ZONE) (STATE)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY INDIVIDUAL WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR OR BOTH".

INSTRUCTIONS FOR COMPLETING BLOCKS 1 AND 2

- Enter the full name of the person who was employed or self-employed.
- Enter that person's Social Security number.
- Enter the name and the address of each person or company by whom this person was employed. If the person was self-employed, enter "self-employed."
- Enter the first date on which the person was employed or self-employed even if this date is before 1958.
- Enter the total earnings from all sources for the year 1958. Include all earnings not covered by the Railroad Retirement Act or the Social Security Act as well as earnings from employment covered by those Acts. In figuring total earnings, count all salaries, wages, commissions, bonuses (or other money payments), retroactive wage increases, or any allowance for room and/or board, before payroll deductions for income tax, social security, insurance premiums, etc., plus any net earnings (gross income less expenses) from self-employment. (If you are uncertain about any of these items, give a full explanation on a separate sheet.)
- If the amount shown in "e" is not more than \$1200 skip "f." If the amount in "e" is more than \$1200, show the monthly earnings from work as an employee in the appropriate boxes on the line headed "Earnings From Work as an Employee." If the person was self-employed, enter an "X" in each month in which he or she was self-employed on the line headed "Months in Which Self-Employed." If the person engaged in both work as an employee and in self-employment during 1958, make the required entries on both lines.

BLOCK 1 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1958

- Name EILEEN CONRAD
- Social Security No. 042-30-0441
- Name and address of employer MRS JAMES P DEELAN 284 W. ELM ST. N.H. CONN.
- Beginning date of employment JAN. 1958
- Total earnings from employment and self-employment during the year 1958. \$ 871.01
- If the total earnings were more than \$1200, complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

1958	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 2 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1958

- Name _____
- Social Security No. _____
- Name and address of employer _____
- Beginning date of employment _____
- Total earnings from employment and self-employment during the year 1958. \$ _____
- If the total earnings were more than \$1200, complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

1958	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 3 - USE THIS BLOCK FOR EMPLOYMENT OR SELF EMPLOYMENT DURING 1959

NAME OF PERSON WHO WILL BE EMPLOYED OR SELF-EMPLOYED DURING 1959	IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO"	ESTIMATED AMOUNT OF EARNINGS FOR 1959
--	---	---------------------------------------

151 Linden St. 121

New Haven, Conn.

Gentleman,

John J. Condros is my son and the son of my deceased husband. John is now in the receipt of benefits under the R.R. Retirement Act, as is also his sister Ellen B. Condros. John will be 14 years of age April 24-1959.

Ellen will be 12 years of age on June 1st 1959

Mr. Eiler Sander
 151 Linder St.
 New Haven
 Conn.



Insurance annuities otherwise
 retirement Act are not payable for one
 annuitant works and earns more than \$
 employment of any kind during that year
 nilities are not payable to a child who
 child is permanently disabled. Nor a
 marries, or who is adopted by someone
 parent, aunt, or uncle. Also, insur

BUREAU OF RETIREMENT CLAIMS

UNITED STATES
 RAILROAD RET
 844 RUS
 CHICAGO

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Insurance annuities otherwise payable under the Railroad Retirement Act are not payable for one or more months of a year if the annuitant works and earns more than \$1200 from employment or self-employment of any kind during that year. In addition, insurance annuities are not payable to a child who attains age 18 unless such child is permanently disabled. Nor are they payable to any child who marries, or who is adopted by someone other than a stepparent, grandparent, aunt, or uncle. Also, insurance annuities cannot be paid to widows, widowers, or parents who have remarried.

This questionnaire is designed to obtain information that will enable us to determine the months in 1958 for which annuities were payable. Complete the questionnaire, answering all questions that apply to you or to those for whom you are receiving benefits, and return it and the card bearing your name and address to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois, within 30 days. You should complete the report and return it even though you are not now receiving annuity payments. Be sure to sign the report on the line provided for your signature. Please do not fold or otherwise damage the card.

If you are receiving regular monthly payments, failure to return the questionnaire within 30 days after the date on which you receive it will result in suspension of payments.

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims



15-1
Robert H. LaMotte
Director of Retirement Claims
Chicago 11, Illinois

ANNUAL REPORT OF PERSON RECEIVING INSURANCE ANNUITY
PAYMENTS UNDER THE RAILROAD RETIREMENT ACT

1. Enter your RRB claim number here (number shown on enclosed card) WCD-299059

2. Was the deceased employee survived by a parent or parents who are still living? No
(YES or NO)

If "Yes," give the following information for each living parent:

(NAME)

(DATE OF BIRTH)

(ADDRESS)

(NAME)

(DATE OF BIRTH)

(ADDRESS)

IF YOU ARE THE WIDOW, WIDOWER, OR PARENT OF THE DECEASED EMPLOYEE, ANSWER ITEMS 3, 4, 5, 6 AND 7

3. Have you remarried since the death of the employee? _____ If your answer is "Yes," give the date of your marriage. _____
(YES OR NO)

4. Have you ever had a social security number of your own? _____ If "Yes," give your name and account number as shown on your social security card: _____
(YES OR NO)

(NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD)

(SOCIAL SECURITY ACCOUNT NUMBER)

5. Are you receiving monthly benefits from the Social Security Administration in addition to your annuity under the Railroad Retirement Act? _____ If your answer is "Yes," give the amount of the benefit and the name and Social Security account number of the person on whose earnings record you are receiving benefits:
(YES OR NO)

(AMOUNT)

(NAME)

(SOCIAL SECURITY NUMBER)

6. (a) Did you work as an employee for anyone during 1958? _____
(YES OR NO)

(b) Were you a self-employed person during 1958? _____
(YES OR NO)

If your answer to either or both of these questions is "Yes," fill in Block 1 or 2 on the last page of this form.

7. Have you been, or will you be, employed or self-employed during 1959? _____
(YES OR NO)

If your answer is "Yes," fill in one line of Block 3 on the last page of this form.

IF YOU ARE THE WIDOW, ANSWER ITEM 8

8. Are all of the deceased employee's children under 18 years of age, or who are disabled, living with you? _____
(Yes or No)

If your answer is "No," list the names of the children who are not living with you.

IF THE DECEASED EMPLOYEE WAS SURVIVED BY CHILDREN WHO WERE STILL UNDER 18 YEARS OF AGE ON FEBRUARY 1, 1958, OR WHO ARE OVER 18 AND DISABLED, ANSWER ITEMS 9, 10, 11 AND 12.

9: (Answer (a), (b), (c) and (d) below) Have any of the deceased employee's children who were still under 18 years of age on February 1, 1958, or who are over 18 and disabled,

(a) Married? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF MARRIAGE)

(b) Been adopted? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF ADOPTION)

(NAME AND RELATIONSHIP OF ADOPTING PARENT)

(c) Died? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF DEATH)

(d) Entered active military service? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(d) Entered active military service? No If "Yes," give (YES OR NO) (NAME OF CHILD)

(BRANCH OF SERVICE) (DATE ACTIVE MILITARY SERVICE BEGAN) (RANK AND PAY GRADE)

(CURRENT ADDRESS)

10. Are any of the children receiving monthly benefits from the Social Security Administration in addition to the annuities under the Railroad Retirement Act? No If your answer is "Yes," give the monthly amount of the benefit and the name and Social Security account number of the person on whose earnings record the benefits are based: (AMOUNT) (NAME) (SOCIAL SECURITY NUMBER)

11. (a) Did any of the children work as an employee for anyone during 1958? No (YES OR NO)

(b) Were any of the children self-employed during 1958? No (YES OR NO)

If your answer to either (a) or (b) is "Yes," fill in one of the blocks (Block 1 or 2) on the last page of this form for each such child. If additional blocks are required, furnish the additional information on a separate sheet of paper.

12. Will any of the children be employed or self-employed during 1959? No If your answer is "Yes," fill in one line of Block 3 on the last page of this form for each such child. (YES OR NO)

REMINDER: IF YOU OR ANYONE FOR WHOM YOU COMPLETED THIS REPORT WORKED IN 1958 OR EXPECTS TO WORK IN 1959, BE SURE TO COMPLETE THE PROPER BLOCKS ON THE OTHER SIDE.

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true and that the employment data furnished on the back of this form is correct.

(DATE SIGNED)

SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

(PRESENT ADDRESS: STREET AND NUMBER

CITY

ZONE

STATE)

I signed this questionnaire in

(CITY)

(STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

WITNESSES

A

(NAME)

B

(NAME)

(STREET AND NUMBER)

(STREET AND NUMBER)

(CITY)

(ZONE)

(STATE)

(CITY)

(ZONE)

(STATE)

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY INDIVIDUAL WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR OR BOTH".

INSTRUCTIONS FOR COMPLETING BLOCKS 1 AND 2

- Enter the full name of the person who was employed or self-employed.
- Enter that person's Social Security number.
- Enter the name and the address of each person or company by whom this person was employed. If the person was self-employed, enter "self-employed."
- Enter the first date on which the person was employed or self-employed even if this date is before 1958.
- Enter the total earnings from all sources for the year 1958. Include all earnings not covered by the Railroad Retirement Act or the Social Security Act as well as earnings from employment covered by those Acts. In figuring total earnings, count all salaries, wages, commissions, bonuses (or other money payments), retroactive wage increases, or any allowance for room and/or board, before payroll deductions for income tax, social security, insurance premiums, etc., plus any net earnings (gross income less expenses) from self-employment. (If you are uncertain about any of these items, give a full explanation on a separate sheet.)
- If the amount shown in "e" is not more than \$1200 skip "f." If the amount in "e" is more than \$1200, show the monthly earnings from work as an employee in the appropriate boxes on the line headed "Earnings From Work as an Employee." If the person was self-employed, enter an "X" in each month in which he or she was self-employed on the line headed "Months in Which Self-Employed." If the person engaged in both work as an employee and in self-employment during 1958, make the required entries on both lines.

BLOCK 1 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1958

- Name _____ b. Social Security No. _____
- Name and address of employer _____
- Beginning date of employment _____
- Total earnings from employment and self-employment during the year 1958. \$ _____
- If the total earnings were more than \$1200, complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

1958	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 2 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1958

- Name _____ b. Social Security No. _____
- Name and address of employer _____
- Beginning date of employment _____
- Total earnings from employment and self-employment during the year 1958. \$ _____
- If the total earnings were more than \$1200, complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

1958	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 3 - USE THIS BLOCK FOR EMPLOYMENT OR SELF EMPLOYMENT DURING 1959

NAME OF PERSON WHO WILL BE EMPLOYED OR SELF-EMPLOYED DURING 1959	IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO"	ESTIMATED AMOUNT OF EARNINGS FOR 1959

FORM NO. RL-119 (5-57) U.S. RAILROAD RETIREMENT BOARD 14 RUSH STREET, CHICAGO 11, ILLINOIS NOTICE OF INSURANCE ANNUITY ADJUSTMENT	IN REPLY REFER TO RRB NO. D-299059 NAME OF EMPLOYEE James P. Condron	DATE JAN 22 1959
--	---	---------------------

Eileen Condron and for:

The insurance annuities payable to the family group have been adjusted because you are now eligible and Eileen B. Condron's benefits can now be reinstated.

Benefits will now be paid as follows:

Name	Effective Date	Monthly Rate
Eileen Condron	January 1, 1958	\$84.48
Eileen B. Condron	January 1, 1958	\$56.31
John J. Condron	January 1, 1958	\$56.31

The enclosed check covers the amount due through December 31, 1958, less benefits paid at the old rate for all months in that period and less an overpayment of \$230.00 made to you in 1957 which was recovered from your accrual.

Beginning January 1, 1959 your annuity is \$90.10 and the children's annuity is \$60.10 each.

ALWAYS GIVE YOUR CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information.

If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Enclosures

Check
T-83
G-74

mf 1-14-59

Robert H. La Motte
Director of Retirement Claims

DATE	IN REPLY REFER TO	RRB FORM NO. AB-1 (9-56)
JAN 2 1958	D-55952	U.S. RAILROAD RETIREMENT BOARD 14 RUSH STREET, CHICAGO 11, ILLINOIS
NAME OF		
IMPORTANT - READ CAREFULLY		

The insurance annuities payable to the family group have been adjusted. READ THE ENCLOSED PAMPHLET CAREFULLY. It explains in detail the conditions under which an insurance annuity is not payable. If anything happens which would affect payment of the annuity awarded any person listed on the front of this notice, you should fill out and return the form which is a part of the pamphlet. If you receive an annuity check, other than a combined payment check for multiple beneficiaries, for any month for which it should not be paid, it should be returned to the

Railroad Retirement Board
Disbursements Division
844 Rush Street
Chicago 11, Illinois

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board immediately. A notice of change of address should show your claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed your application. Also notify your local post office that your address has been changed so that your checks can be forwarded without delay.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this notice.

ALWAYS GIVE YOUR CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

RRB Chicago

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month. Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information. If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Director of Retirement Claims

Enclosures
Check
T-83
G-74

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS
DEC 19 1958

BUREAU OF RETIREMENT CLAIMS

Mrs Eileen Condron
151 Linden Street
New Haven, Connecticut

In reply refer to
R.R.B. No. D-299059

Dear Mrs Condron:

The monthly annuity payments you are receiving must be adjusted for the reason(s) checked below. Any unchecked explanation does not apply in your case.

- ☒ You are entitled to monthly ~~social security~~ benefits.
- ☐ Your wife has become entitled to a wife's benefit.
- ☐ A child has attained age 18.
- ☐ A child has married.
- ☐ A child has left your care and custody.
- ☐ A child has become employed.
- ☐ A child has ceased to be employed.
- ☐ will exceed \$1200.00. expected earnings for this year
- ☐

This adjustment may cause a slight delay in the receipt of your next payment. However, a check will be mailed to you at the earliest possible date.

M. Lally

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

NOV 19 1958

Mrs. Eileen Condron
151 Linden Street
New Haven, Connecticut

In reply refer to
R.R.B. No. D-299059

Dear Mrs. Condron:

Based on your reported earnings for 1957 and estimated earnings for 1958, no annuity payments were due you for any month in those years. James' reported earnings prevents payment of his annuity for the period June through September 1957. Since he attained eighteen in October 1957 his entitlement ceased with the month of September.

As you were previously paid on his behalf for the period June through September an overpayment of \$230.00 has been made. To recover that amount we are withholding Eileen's payments from October 1, 1958. Approximately four months will be required to liquidate the overpayment.

Meanwhile, payments for John have been reinstated effective October 1, 1958. The enclosed check for \$61.60 covers the amount due him for October. About December 1 and each month thereafter you will receive a check for John to cover the amount due for the preceding month.

If you require further information, you may write to this office or call at any of the field offices shown on the enclosed list.

Very truly yours,

Robert H. LaMotte
Director of Retirement Claims

Enclosures
Check
T-83

Person #706
Mr Anderson, Mr James
October 31, 1958
A-15 Rack

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

OCT 1 1958

BUREAU OF RETIREMENT CLAIMS

MRS EILEEN CONDON
151 LINDEN ST
NEW HAVEN, CONN.

In reply refer to
R.R.B. No. D299059

Dear Mrs CONDON:

The monthly annuity payments you are receiving must be adjusted for the reason(s) checked below. Any unchecked explanation does not apply in your case.

- ☐ You are entitled to monthly social security benefits.
- ☐ Your wife has become entitled to a wife's benefit.
- ☐ A child has attained age 18.
- ☐ A child has married.
- ☐ A child has left your care and custody.
- ☐ A child has become employed.
- ☐ A child has ceased to be employed.
- ☐ expected earnings for this year will exceed \$1200.00.
- ☒ JAMES HAD EXCESS EARNINGS IN 1957.

This adjustment may cause a slight delay in the receipt of your next payment. However, a check will be mailed to you at the earliest possible date.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Swanson

D-299059

My new address is
Mr. Eileen Conarom
151 Linden Street
New Haven
Conn.



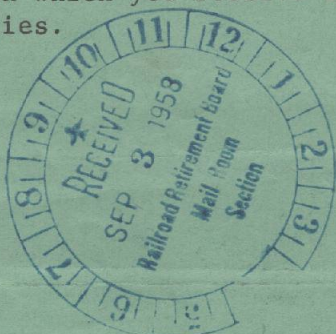


UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

Insurance annuities otherwise payable under the Railroad Retirement Act are not payable for one or more months of a year if the annuitant works and earns more than \$1200 from employment or self-employment of any kind during that year. In addition, insurance annuities are not payable to a child who attains age 18 unless such child is permanently disabled. Nor are they payable to any child who marries, or who is adopted by someone other than a stepparent, grandparent, aunt, or uncle. Also, insurance annuities cannot be paid to widows, widowers, or parents who have remarried.

This questionnaire is designed to obtain information that will enable us to determine the months in 1957 for which annuities were payable. Complete the questionnaire, answering all questions that apply to you or to those for whom you are receiving benefits, and return it and the card bearing your name and address to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois, within 30 days. Please do not fold or otherwise damage the card.

Failure to return the questionnaire within 30 days after the date on which you receive it will result in the suspension of the annuities.



Robert H. La Motte

Robert H. LaMotte
Director of Retirement Claims



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

ANNUAL REPORT OF PERSON RECEIVING INSURANCE ANNUITY
PAYMENTS UNDER THE RAILROAD RETIREMENT ACT

1. Enter your RRB claim number here (number shown on enclosed card) W.C.D.-299059

IF YOU ARE THE WIDOW, WIDOWER, OR PARENT OF THE DECEASED EMPLOYEE, ANSWER ITEMS 2, 3, 4, 5 and 6

2. Have you remarried since the death of the employee? No If your answer is "Yes," give the date of your marriage. _____
(YES OR NO)

3. Have you ever had a social security account number of your own? yes If "Yes," give your name and account number as shown on your social security card:
(YES OR NO)

Eileen Sandron
(NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD)

042-30-0441
(SOCIAL SECURITY ACCOUNT NUMBER)

4. Are you receiving benefits from the Social Security Administration? No If your answer is "Yes," give the name and social security account number of the person on whose account you are receiving benefits.
(YES OR NO)

(NAME)

(SOCIAL SECURITY ACCOUNT NUMBER)

5. (a) Did you work as an employee for anyone during 1957? yes
(YES OR NO)

(b) Were you a self-employed person during 1957? No
(YES OR NO)

If your answer to either or both of these questions is "Yes," fill in Block 1 on the last page of this form.

6. Have you been, or will you be, employed or self-employed during 1958? X yes
(YES OR NO)

If your answer is "Yes," fill in one line of Block 3 on the last page of this form.

IF YOU ARE THE WIDOW, ANSWER ITEM 7

7. Are all of the deceased employee's children under 18 years of age living with you? yes
(YES OR NO)

If your answer is "No," list the names of the children who are not living with you.

IF THE DECEASED EMPLOYEE WAS SURVIVED BY CHILDREN WHO WERE STILL UNDER 18 YEARS OF AGE ON FEBRUARY 1, 1957, ANSWER ITEMS 8, 9, 10 AND 11.

8. Have any of the deceased employee's children who were still under 18 years of age on February 1, 1957, (answer (a), (b), (c) and (d) below)

(a) Married? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF MARRIAGE)

(b) Been adopted? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF ADOPTION)

(NAME AND RELATIONSHIP OF ADOPTING PARENT)

(c) Died? X No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF DEATH)

(d) Entered military service? X No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(BRANCH OF SERVICE)

(DATE MILITARY SERVICE BEGAN)

(MILITARY RANK)

(MILITARY ADDRESS)

Are any of the children receiving benefits from the Social Security Administration? No
(YES OR NO)

If your answer is "Yes," give the monthly amount of such benefit and the name of the person on whose account the benefits are based and his or her social security account number.

Are any of the children receiving benefits from the Social Security Administration? No
(YES OR NO)

If your answer is "Yes," give the monthly amount of such benefit and the name of the person on whose account the benefits are based and his or her social security account number.

(AMOUNT)

(NAME)

(SOCIAL SECURITY NO.)

(a) Did any of the children work as an employee for anyone during 1957? No
(YES OR NO)

(b) Were any of the children self-employed during 1957? No
(YES OR NO)

If your answer to either (a) or (b) is "Yes," fill in one of the blocks (Block 1 or 2) on the last page of this form for each such child. If additional blocks are required, furnish the additional information in Remarks or on a separate sheet of paper.

11. Will any of the children be employed or self-employed during 1958? No If your answer is "Yes,"
(YES OR NO)
fill in one line of Block 3 on the last page of this form for each such child.

REMARKS:

You previously advised that James was employed during 1957. Please show his earnings in Block #2, on the reverse side.

REMEMBER: IF YOU ANSWER "YES" TO ITEMS 5, 6, 10 AND 11, BE SURE TO COMPLETE THE PROPER BLOCKS ON THE OTHER SIDE.

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true and that the employment data furnished on the back of this form is correct.

April 5th 1958 Eileen Condron
(DATE SIGNED) SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

I signed this questionnaire in New Haven Conn.
(CITY) (STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

WITNESSES

A Mar. H. Roche
(NAME)

B Mrs. John Cashman
(NAME)

279 Lenox Street,
(STREET AND NUMBER)

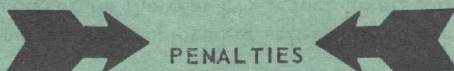
135 Battis Road
(STREET AND NUMBER)

(CITY) (ZONE) (STATE)

(CITY) (ZONE) (STATE)

New Haven Conn.

Hamden Conn.



PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY INDIVIDUAL WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

(over)

INSTRUCTIONS FOR COMPLETING BLOCKS 1 AND 2

- a. Enter the full name of the person who was employed or self-employed.
- b. Enter the name and the address of each person or company by whom this person was employed. If the person was self-employed, enter "self-employed."
- c. Enter the first date on which the person was employed or self-employed even if this date is before 1957.
- d. Enter the total earnings from all sources for the year 1957. Include all earnings not covered by the Railroad Retirement Act or the Social Security Act as well as earnings from employment covered by those Acts. In figuring total earnings, count all salaries, wages, commissions, bonuses (or other money payments), retroactive wage increases, or any allowance for room and/or board, before payroll deductions for income tax, social security, insurance premiums, etc., plus any net earnings (gross income less expenses) from self-employment. (If you are uncertain about any of these items, give a full explanation on a separate sheet.)
- e. If the amount shown in "d" is not more than \$1200 skip "e." If the amount in "d" is more than \$1200, show the monthly earnings from work as an employee in the appropriate boxes on the line headed "Earnings From Work as an Employee." If the person was self-employed, enter an "X" in each month in which he or she was self-employed on the line headed "Months in Which Self-Employed." If the person engaged in both work as an employee and in self-employment during 1957, make the required entries on both lines.

BLOCK 1 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1957

- a. Name of employed or self-employed person Eileen Condon
- b. Name and address of employer MRS JAMES P. Seulan - Seulan & Kilmarlin Co.
- c. Beginning date of employment Dec. 11. 1954
- d. Total earnings from employment and self-employment during the year 1957. \$ 2,451.69
- e. If the total earnings were more than \$1200, complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

1957	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30	\$204.30
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 2 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1957

- a. Name of employed or self-employed person James P. Condon
- b. Name and address of employer X Grange Market & New Bond & Carter Co.
- c. Beginning date of employment X 500 Grange St. 259 East Street
- d. Total earnings from employment and self-employment during the year 1957. \$ X 1580
- e. If the total earnings were more than \$1200, complete the blocks below. On the first line, show the monthly amount of earnings from work as an employee. On the second line, place an "X" in each month in which the person was self-employed.

1957	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE	64	64	64	64	64	180	180	180	180	180	180	180
MONTHS IN WHICH SELF-EMPLOYED						D						

BLOCK 3 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1958

- | | | |
|--|---|---------------------------------------|
| NAME OF PERSON WHO WILL BE EMPLOYED OR SELF-EMPLOYED DURING 1958 | IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO" | ESTIMATED AMOUNT OF EARNINGS FOR 1958 |
| <u>Eileen Condon</u> | <u>yes</u> | <u>\$2,452.00</u> |

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

AUG 18 1958

Miss Ellen Condon
147 Bradley Street
New Haven 11, Conn.

In reply refer to
R.R.B. No. D299059

Your annuity *is not being reinstated*

because you reported that you expect to earn more than \$1200
in the current year. Based on this estimate, an annuity
cannot be paid to you
unless you stop working or your monthly earnings fall below
\$80.01.

The enclosed Form G-377 should be filled out and
returned when any of the conditions described under item 2
on the face of the form exist.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
G-377

R. LaMotte

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED 6-19aRELEASED TO widow

OTHER ACTION: 6-19a returned because widow stated that C3 earned \$15.80 in 1957. Monthly amount of earnings were not shown. W. stated that she earned \$2451.69 in 1957 with earnings exceeding \$80 in each month. Expected earnings for 1958 are 2450.00

AUG 18 1958

(DATE)

S. Smith

(EXAMINER)

RRB Chicago

R.R.B. No. D-299059

James P. Condron

Dear Sir:

I wish to apply for my Insurance Annuity as my position with The Parkway Vending has terminated and I now only work one day per week and make 12.00.

Wm. Eileen Condron

147 Bradley St.

New Haven Ct.

Conn.

D-299059

FOLDER RECORD OF ACTION TAKEN

FORM RELEASED

G-19A (Incomplete)

RELEASED TO

Eileen Condon

OTHER ACTION:

6-9-58

(DATE)

Baerman
[Signature]

(EXAMINER)

FORM NO. RL-119 (5-57)	IN REPLY REFER TO	DATE
U.S. RAILROAD RETIREMENT BOARD 144 RUSH STREET, CHICAGO 11, ILLINOIS	RRB NO. D-299059	NOV 15 1957
NOTICE OF INSURANCE ANNUITY ADJUSTMENT	NAME OF James P. Condron EMPLOYEE	

Eileen Condron for:

The insurance annuities payable to the family group have been adjusted because James P. Condron attained age 18 on October 20, 1957.

Benefits will now be paid as follows:

Name	Effective Date	Monthly Rate
Eileen B. Condron	October 1, 1957	\$61.60
John J. Condron	October 1, 1957	\$61.60

The enclosed check covers the amount due through October 31, 1957.

844 Rush Street
Chicago 11, Illinois

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board immediately. A notice of change of address should show your claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed your application. Also notify your local post office that your address has been changed so that your checks can be forwarded without delay.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this notice.

ALWAYS GIVE YOUR CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information.

If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Enclosures

Check

T-83

G-74

G-18 jr 11-8-57

Robert H. La Motte

Director of Retirement Claims

DATE NOV 1 1957	IN REPLY REFER TO RRB NO. D-220052 NAME OF James P. Condon	RRB FORM NO. 1-2 (9-57) U.S. RAILROAD RETIREMENT BOARD 444 RUSH STREET, CHICAGO 11, ILLINOIS
--------------------	--	--

IMPORTANT - READ CAREFULLY

READ THE ENCLOSED PAMPHLET CAREFULLY. It explains in detail the conditions under which an insurance annuity is not payable. If anything happens which would affect payment of the annuity awarded any person listed on the front of this notice, you should fill out and return the form which is a part of the pamphlet. If you receive an annuity check, other than a combined payment check for multiple beneficiaries, for any month for which it should not be paid, it should be returned to the

Railroad Retirement Board
Disbursements Division
844 Rush Street
Chicago 11, Illinois

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board immediately. A notice of change of address should show your claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed your application. Also notify your local post office that your address has been changed so that your checks can be forwarded without delay.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this notice.

ALWAYS GIVE YOUR CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

RRB Chicago

Succeeding checks will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month. Be sure to read the back of this notice and the enclosure for the conditions under which this benefit is not payable and for other important information. If you have any questions, you may write us or call upon any of the Board offices shown on the enclosed list.

Director of Retirement Claims

Enclosures
Check
T-83
G-18
G-74

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

OCT 24 1957

Mr. Eileen Gordon
147 Bradley St.
New Haven 11, Conn.

In reply refer to
R.R.B. No.

D-279059

Dear Madam:

The monthly annuity payments you are receiving must be adjusted for the reason(s) checked below. Any unchecked explanation does not apply in your case.

- ☐ You are entitled to monthly social security benefits.
- ☐ Your wife has become entitled to a wife's benefit.
- ☒ A child has attained age 18.
- ☐ A child has married.
- ☐ A child has left your care and custody.
- ☐ A child has become employed.
- ☐ A child has ceased to be employed.
- ☐ expected earnings for this year will exceed \$1200.00.
- ☐

This adjustment may cause a slight delay in the receipt of your next payment. However, a check will be mailed to you at the earliest possible date.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

147 Bradley Street ⁶⁻³ LB
Oct. 18-1957.

Sir,

My son James P. Condron will
be 18 years old on Oct 21st. and is
no longer eligible for a monthly
allowment.

R.R.B. No. D299059

Sincerely
Wm. Eileen Condron.



Mr. [illegible]
Oct. 18-1957

Will you please [illegible]
in [illegible] for [illegible]
[illegible]

R.R. B. No. 10-10-10

John [illegible]
[illegible]



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

JUN 28 1957

BUREAU OF RETIREMENT CLAIMS

Mrs. Eileen Condron
147 Bradley Street
New Haven 11, Connecticut

In reply refer to
R.R.B. No. D-299059

Your annuity will continue in suspense because you reported that you expect to earn more than \$1200 in the current year. Based on this estimate, an annuity cannot be paid to you during the taxable year unless you stop working or your monthly earnings fall below \$80.01.

The enclosed Form G-377 should be filled out and returned when any of the conditions described under item 2 on the face of the form exist.

P.S. You will continue to receive benefits for your children. Please notify the Board at once if your son's earnings will exceed \$1200 in 1957.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
G-377

dtm

~~P. S. You will continue to receive benefits for your children.~~

is #705

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

Insurance annuities otherwise payable under the Railroad Retirement Act, are not payable for one or more months of a year if the annuitant works and earns more than \$1200 from employment or self-employment of any kind during that year. In addition, insurance annuities are not payable to a child who attains age 18 unless such child is permanently disabled. Nor are they payable to any child who marries, or who is adopted by someone other than a stepparent, grandparent, aunt, or uncle. Also, insurance annuities cannot be paid to widows, widowers, or parents who have remarried.

This questionnaire is designed to obtain information that will enable us to determine the months in 1956 for which annuities were payable. Complete the questionnaire, answering all questions that apply to you or to those for whom you are receiving benefits, and return it and the card bearing your name and address to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois, within 30 days. Please do not fold or otherwise mutilate the card.

Failure to return the questionnaire within 30 days after the date on which you receive it will result in the suspension of the annuities.

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims



UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

ANNUAL REPORT OF PERSON RECEIVING INSURANCE ANNUITY
PAYMENTS UNDER THE RAILROAD RETIREMENT ACT

1. Enter your RRB claim number here (number shown on enclosed card) D299059

ANSWER ITEMS 2, 3, 4, 5 AND 6 IF YOU ARE THE WIDOW, WIDOWER, OR PARENT OF THE DECEASED EMPLOYEE; ANSWER ITEM 7 ONLY IF YOU ARE THE WIDOW.

2. Have you remarried since the death of the employee? No If your answer is "Yes," give the date of your marriage. _____
(YES OR NO)

3. Have you ever had a social security account number of your own? YES If "Yes," give your name and account number as shown on your social security card:
(YES OR NO)

EILEEN CONDRON
(NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD)

042-30-0441
042-30-0441
(SOCIAL SECURITY ACCOUNT NUMBER)

4. Are you receiving benefits from the Social Security Administration? No If your answer is "Yes," give the name and social security account number of the person on whose account you are receiving benefits.
(YES OR NO)

(NAME)

(SOCIAL SECURITY ACCOUNT NUMBER)

5. (a) Did you work as an employee during 1956? YES
(YES OR NO)

(b) Were you a self-employed person during 1956? _____
(YES OR NO)

If your answer to either (a) or (b) is "Yes," fill in Block 1 on the last page of this form.

6. Have you been, or will you be, employed or self-employed during 1957? YES
(YES OR NO)

If your answer is "Yes," fill in one line of Block 3 on the last page of this form.

7. If you are the widow of the deceased employee, are all of his children under 18 years of age living with you?

YES If your answer is "No," list the names of the children who are not living with you.
(YES OR NO)

ANSWER ITEMS 8, 9, 10 AND 11 IF THE DECEASED EMPLOYEE WAS SURVIVED BY CHILDREN WHO WERE STILL UNDER 18 YEARS OF AGE ON FEBRUARY 1, 1956.

8. Have any of the deceased employee's children who were still under 18 years of age on February 1, 1956

(a) Married? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF MARRIAGE)

(b) Been adopted? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF ADOPTION)

(NAME AND RELATIONSHIP OF ADOPTING PARENT)

(c) Died? No If "Yes," give _____
(YES OR NO) (NAME OF CHILD)

(DATE OF DEATH)

(d) Entered military service? YES If "Yes," give JAMES PATRICK CONDRON
(YES OR NO) (NAME OF CHILD)

A.A.F.
(BRANCH OF SERVICE)

JULY - 1956
(DATE MILITARY SERVICE BEGAN)

P.V.T.
(MILITARY RANK)

JAMES WAS GIVEN A MEDICAL DISCHARGE AFTER 6 WEEKS.
(MILITARY ADDRESS)

9. Are any of the children receiving benefits from the Social Security Administration? No
(YES OR NO)

If your answer is "Yes," give the name of the person on whose account the benefits are based and his or her social security account number.

9. Are any of the children receiving benefits from the Social Security Administration? No
(YES OR NO)
If your answer is "Yes," give the name of the person on whose account the benefits are based and his or her social security account number.

(NAME)

(SOCIAL SECURITY ACCOUNT NUMBER)

10. (a) Did any of the children work as an employee during 1956? YES
(YES OR NO)

(b) Were any of the children self-employed during 1956? _____
(YES OR NO)

If your answer to either (a) or (b) is "Yes," fill in one of the blocks (Block 1 or 2) on the last page of this form for each such child. If additional blocks are required, furnish the additional information in Remarks or on a separate sheet of paper.

11. Will any of the children be employed or self-employed during 1957? YES If your answer is "Yes,"
(YES OR NO)

Fill in one line of Block 3 on the last page of this form for each such child.

REMARKS:

*My son James is only working Friday evening
3 hours and 8 on Saturday*

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true and that the employment data furnished on the back of this form is correct.

May 21st Mr. Arthur Condon
(DATE SIGNED) (SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT))

I signed this questionnaire in New Haven Connecticut
(CITY) (STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

WITNESSES

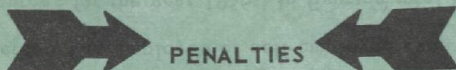
A _____ B _____
(NAME) (NAME)

(STREET AND NUMBER)

(STREET AND NUMBER)

(CITY) (ZONE) (STATE)

(CITY) (ZONE) (STATE)



PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY INDIVIDUAL WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

INSTRUCTIONS FOR COMPLETING BLOCKS 1 AND 2

- Enter the full name of the person who was employed or self-employed.
- Enter the name and the address of each person or company by whom this person was employed. If the person was self-employed, enter "self-employed."
- Enter the first date on which the person was employed or self-employed even if this date is before 1956.
- Enter the total earnings from all sources for the year 1956. In figuring total earnings, include all wages, bonuses, commissions, etc. (before payroll deductions) earned in work as an employee not covered by the Railroad Retirement Act or the Social Security Act as well as earnings from employment covered by those acts; plus any net earnings from self-employment less any net losses from self-employment.
- If the amount shown in "d" is not more than \$1200 skip "e." If the amount in "d" is more than \$1200, show the monthly earnings from work as an employee in the appropriate boxes on the line headed "Earnings From Work as an Employee." If the person was self-employed, enter an "X" in each month in which he or she was self-employed on the line headed "Months in Which Self-Employed." If the person engaged in both work as an employee and in self-employment during 1956, make the required entries on both lines.

BLOCK 1 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1956

- Name of employed or self-employed person EILEEN CONDRON.
- Name and address of employer JAMES P. SHELAN 284 WEST. ELM STREET.
- Beginning date of employment MARCH 1953
- Total earnings from employment and self-employment during the year 1956. \$42,546.98 12 PD
- If the total earnings were more than \$1200, show the monthly amount of earnings from work as an employee on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1956	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE	200	200	200	200	200	200	224	224	224	224	224	224
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 2 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1956

- Name of employed or self-employed person JAMES P. CONDRON.
- Name and address of employer VINCENT PARTOLURO 500 ORANGE ST.
- Beginning date of employment Also worked for MOKICAN. STORIES. PART TIME.
- Total earnings from employment and self-employment during the year 1956. \$344.96 12 P
- If the total earnings were more than \$1200, show the monthly amount of earnings from work as an employee on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1956	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM WORK AS AN EMPLOYEE												
MONTHS IN WHICH SELF-EMPLOYED												

BLOCK 3 - USE THIS BLOCK FOR EMPLOYMENT OR SELF-EMPLOYMENT DURING 1957

NAME OF PERSON WHO WILL BE EMPLOYED OR SELF-EMPLOYED DURING 1957	IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO"	ESTIMATED AMOUNT OF EARNINGS FOR 1957
<u>EILEEN CONDRON</u>	<u>YES</u>	<u>DONT KNOW</u>
<u>JAMES P. CONDRON</u>	<u>PART TIME</u>	

IMPORTANT - READ CAREFULLY
UNITED STATES OF AMERICA

RAILROAD RETIREMENT BOARD
844 RUSH STREET

(1) works in the United States in employment or self-employment, or year (the year on which his income tax report is based) in any type of employment or self-employment, or

SEP 12 1956

BUREAU OF RETIREMENT CLAIMS

Eileen Condron
147 Bradley Street
New Haven 11, Connecticut

In reply refer to

R.R.B. No. D-299059

Name of Deceased Employee
James P. Condron

The annuities payable to the family group have been adjusted because
James P. Condron has been discharged from Military Service.

Benefits will now be paid as follows:

Name	Effective Date	Rate	Net Amount Due
Eileen B. Condron	7-1-56	\$57.50	\$ 57.50
John J. Condron	7-1-56	57.50	57.50
James P. Condron	7-1-56	57.50	115.00
			\$230.00

Unless you have already received the adjustment check covering the total of the net amounts due, you should receive it within two weeks from the date of this letter. The adjustment check represents payment at the new rates from the effective date through August 31, 1956, less benefits paid at the old rate for one month in that period.

A CHILD'S ANNUITY ENDS with the month before the month in which the child reaches age 18 (unless he has a permanent physical or mental condition which is such that he is unable to engage in any regular employment); or marries; or dies; or is adopted by someone other than a stepparent, grandparent, aunt or uncle.

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any child for whom you are receiving benefits marries, is adopted or either works or engages in a business. You must also notify the Board if the child reaches age 18, dies, or is adopted by someone other than a stepparent, grandparent, aunt or uncle.

Please refer to the other side of this letter for the conditions under which these benefits are not payable and for other important information.

If you require further information, you may write to this office or call at any of the field offices shown on the enclosed list. Please take this letter with you if you go to a field office.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosures
G-74
T-83

jr

BE SURE TO READ THE OTHER SIDE OF THIS LETTER

IMPORTANT - READ CAREFULLY

A CHILD'S ANNUITY CANNOT BE PAID FOR ONE OR MORE MONTHS if the child:

- (1) works in the United States and earns more than \$1200 in a taxable year (the year on which his income tax report is based) in any type of employment or self-employment, or
- (2) is a U.S. citizen and he earns more than \$1200 in a taxable year outside the United States in employment or self-employment covered by the Social Security Act.

The number of months for which a child cannot be paid an annuity if he works as described in (1) and (2) above will depend on the amount of his earnings. (The term "United States" includes Alaska, Hawaii, the Virgin Islands and Puerto Rico.)

A CHILD'S ANNUITY CANNOT BE PAID for any month in which the child:

- (1) works for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much he earns, or
- (2) works outside the United States on seven or more different calendar days in employment or self-employment not covered by the Social Security Act. (If he is not a U.S. citizen, this restriction applies regardless of whether the employment or self-employment is covered by the Social Security Act.)

THESE RESTRICTIONS APPLY ALSO to a child 18 or over who is receiving an annuity because he is permanently disabled for regular employment.

A CHILD'S ANNUITY ENDS with the month before the month in which the child reaches age 18 (unless he has a permanent physical or mental condition which is such that he is unable to engage in any regular employment); or marries; or dies; or is adopted by someone other than a stepparent, grandparent, aunt or uncle.

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any child for whom you are receiving benefits marries, is adopted or either works or engages in self-employment as described above. You must also notify the Board if your guardianship ends or if any child for whom you are receiving benefits is no longer in your care and custody.

READ THE ENCLOSED PAMPHLET CAREFULLY. It explains in detail the conditions under which an insurance annuity is not payable. If anything happens which would affect payment of the annuity of any child for whom you are receiving benefits, you should fill out and return the form which is a part of the pamphlet.

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board immediately. A notice of change of address should show the claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed the application.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE CLAIM NUMBER WHEN WRITING ABOUT THIS CLAIM

147 Brady Street

New Haven 11.

Conn.

August 15th

Claim No. D-299059

To Whom it may concern, my son
James entered the U.S. Air Force
on the 5th of July and got a
Medical discharge on August 9th
He is back home and I am
applying for his insurance annuity.

I have not received any annuity
for Miss Barbara & John yet.
This month I need this money
and would appreciate hearing from

you immediately.

Mr. Eileen Condon
147 Brady St
New Haven Ct.
Conn.



IMPORTANT - READ CAREFULLY

UNITED STATES OF AMERICA

RAILROAD RETIREMENT BOARD

844 RUSH STREET

CHICAGO 11, ILLINOIS

AUG 17 1956

BUREAU OF RETIREMENT CLAIMS

Eileen Condron
117 Bradley Street
New Haven 11, Connecticut

In reply refer to

R.R.B. No. D-299059

Name of Deceased Employee

James P. Condron

The annuities payable to the family group have been adjusted because James P. Condron has entered Military Service in July 1956.

Benefits will now be paid as follows:

Name	Effective Date	Rate	Net Amount Due
Eileen B. Condron	7-1-56	\$57.50	\$57.50
John J. Condron	7-1-56	\$57.50	\$57.50
			\$115.00

Unless you have already received the adjustment check covering the total of the net amounts due, you should receive it within two weeks from the date of this letter. The adjustment check represents payment at the new rates from the effective date through July 1956.

Succeeding monthly checks for the total of the new rates will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Please refer to the other side of this letter for the conditions under which these benefits are not payable and for other important information.

If you require further information, you may write to this office or call at any of the field offices shown on the enclosed list. Please take this letter with you if you go to a field office.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosures

G-74
T-83

fw

ALWAYS BE SURE TO READ THE OTHER SIDE OF THIS LETTER

IMPORTANT - READ CAREFULLY

A CHILD'S ANNUITY CANNOT BE PAID FOR ONE OR MORE MONTHS if the child:

- (1) works in the United States and earns more than \$1200 in a taxable year (the year on which his income tax report is based) in any type of employment or self-employment, or
- (2) is a U.S. citizen and he earns more than \$1200 in a taxable year outside the United States in employment or self-employment covered by the Social Security Act.

The number of months for which a child cannot be paid an annuity if he works as described in (1) and (2) above will depend on the amount of his earnings. (The term "United States" includes Alaska, Hawaii, the Virgin Islands and Puerto Rico.)

A CHILD'S ANNUITY CANNOT BE PAID for any month in which the child:

- (1) works for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much he earns, or
- (2) works outside the United States on seven or more different calendar days in employment or self-employment not covered by the Social Security Act. (If he is not a U.S. citizen, this restriction applies regardless of whether the employment or self-employment is covered by the Social Security Act.)

THESE RESTRICTIONS APPLY ALSO to a child 18 or over who is receiving an annuity because he is permanently disabled for regular employment.

A CHILD'S ANNUITY ENDS with the month before the month in which the child reaches age 18 (unless he has a permanent physical or mental condition which is such that he is unable to engage in any regular employment); or marries; or dies; or is adopted by someone other than a stepparent, grandparent, aunt or uncle.

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any child for whom you are receiving benefits marries, is adopted or either works or engages in self-employment as described above. You must also notify the Board if your guardianship ends or if any child for whom you are receiving benefits is no longer in your care and custody.

READ THE ENCLOSED PAMPHLET CAREFULLY. It explains in detail the conditions under which an insurance annuity is not payable. If anything happens which would affect payment of the annuity of any child for whom you are receiving benefits, you should fill out and return the form which is a part of the pamphlet.

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board immediately. A notice of change of address should show the claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed the application.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE CLAIM NUMBER WHEN WRITING ABOUT THIS CLAIM

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

JUL 27 1956

BUREAU OF RETIREMENT CLAIMS

Mr. James P. Condon
147 Bradley Street
New Haven 11, Connecticut

In reply refer to
R. R. B. No. D-299059

A person receiving an insurance annuity under the Railroad Retirement Act may earn \$1200 in a taxable year (usually January 1 through December 31) without loss of his annuity for any month. If he earns over \$1200, he will lose his annuity for one or more months, depending on his net earnings. He will also lose his annuity for any month in which he works for pay, on 7 or more days, outside the United States.

For those persons who serve in the armed forces within the United States, the following are considered as earnings: basic, incentive, and special pay; subsistence, quarters, and clothing (or payments in place of them); and allotments, by the serviceman and by the service department, toward support of the serviceman's dependents.

We are unable to determine your net earnings for the year 1956; therefore, insurance annuity payments will not be made to you after June 30, 1956. At the end of this year we will make any adjustment that may be necessary in your annuity payments. We will at that time get in touch with you.

If your address should change before next January, please complete the enclosed Form G-147 and promptly return it.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosure
G-147

gmc

RRB Chicago

D-299059

147 Bradley Street
New Haven, Conn.

July 12th.

R.R.B. No. 299059

Dear Sir;

I am writing to notify you
that my son James P. Condon
has entered the U.S. Air Force.
He was one of the three children
of James P. Condon Sr. for whom
I was getting insurance annuity.
He entered the service on July 5th.

Sincerely

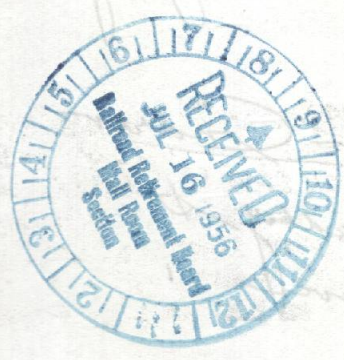
Mr. James Condon

147 Bradley St.
New Haven, Conn.

R.R.B. No. 299059

147 Broadway Street
New Haven, Ct.
Commitment
July 12 at
R.R. 13. 110. 24000

Dear Sir,
I am writing to notify you
that my son, James D. [unclear]
has entered the U.S. Air Force.
He was one of the three children
of James D. [unclear] & [unclear]
I was spending [unclear] [unclear]
he entered the service on July 12.



Very Respectfully,
[Signature]
147 Broadway Street
New Haven, Ct.
R.R. 13. 110. 24000

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Eileen Condron
147 Bradley Street
New Haven 11, Connecticut

In reply refer to

R.R.B. No. D-299059

Name of Deceased Employee

James P. Condron

The annuities payable to the family group have been adjusted because
you expect your total earnings from all sources for the taxable year*
Benefits will now be paid as follows:

Name	Effective Date	Rate	Net Amount Due
Eileen B. Condron	6-1-55	\$57.50	\$232.27
John J. Condron	same	same	same
James P. Condron	same	same	same
			\$600.21 (overpayment)
			\$ 96.60

Unless you have already received the adjustment check covering the total of the net amounts due, you should receive it within two weeks from the date of this letter. The adjustment check represents payment at the new rates from the effective date through April 30, 1956, less benefits paid at the old rate thru 2-29-56 and less an overpayment of \$600.21 made to you from 6-1-55 thru 2-29-56 which was recovered from the children's annuity accrual. You should fill out and return the enclosed Form G-377 when any of the events occur which are listed under item 2 of that form. As you are not eligible for monthly benefits because of your excessive earnings the amount payable to the children has been increased from \$41.47 to \$57.50. Succeeding monthly checks for the total of the new rates will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Please refer to the other side of this letter for the conditions under which these benefits are not payable and for other important information.

If you require further information, you may write to this office or call at any of the field offices shown on the enclosed list. Please take this letter with you if you go to a field office.

*1956 to exceed \$1200, and
your work last year prevents
payment of your annuity for
7 months.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosures

G-74

T-83

G-377

BE SURE TO READ THE OTHER SIDE OF THIS LETTER

IMPORTANT - READ CAREFULLY

YOUR ANNUITY CANNOT BE PAID FOR ONE OR MORE MONTHS while you are under 72 years of age if:

- (1) you work in the United States and earn more than \$1200 in a taxable year (the year on which your income tax report is based) in any type of employment or self-employment, or
- (2) you are a U.S. citizen and you earn more than \$1200 in a taxable year outside the United States in employment or self-employment covered by the Social Security Act.

The number of months for which you cannot be paid an annuity if you work as described in (1) and (2) above will depend on the amount of your earnings. (The term "United States" includes Alaska, Hawaii, the Virgin Islands and Puerto Rico.)

YOUR ANNUITY CANNOT BE PAID for any month in which:

- (1) you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn, or
- (2) while under age 72, you work outside the United States on seven or more different calendar days in employment or self-employment not covered by the Social Security Act. (If you are not a U.S. citizen, this restriction applies regardless of whether the employment or self-employment is covered by the Social Security Act.)

A CHILD'S ANNUITY likewise is not payable if the child works as described above.

YOUR RIGHT TO RECEIVE THIS ANNUITY ENDS with the month before the month in which you marry again or in which no child of your deceased husband is entitled to an annuity.

A CHILD'S ANNUITY ENDS with the month before the month in which the child reaches age 18 (unless he has a permanent physical or mental condition which is such that he is unable to engage in any regular employment); or marries; or dies; or is adopted by someone other than a stepparent, grandparent, aunt or uncle.

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if you marry again, or if you either work or engage in self-employment as described above. You must also notify the Board if any child for whom you are receiving benefits marries, is adopted or either works or engages in self-employment as described above. The Board should also be informed if your guardianship ends or if any child for whom you are receiving benefits is no longer in your care and custody.

READ THE ENCLOSED PAMPHLET CAREFULLY. It explains in detail the conditions under which an insurance annuity is not payable. If anything happens which would affect payment of your annuity or the annuity of any child in your care, you should fill out and return the form which is a part of the pamphlet.

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board immediately. A notice of change of address should show your claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed your application.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE YOUR CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

APR 4 1956

RL-140
(9-53)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

Mrs. Eileen Condron
147 Bradley Street
New Haven 11, Connecticut

In reply refer to
R.R.B. No. D-299059

Information has been received which indicates that an overpayment may have been made to you. Accordingly, your benefits under the Railroad Retirement Act have been suspended. Additional information will be furnished you as soon as we complete our investigation.

You may be sure that we will handle your case as promptly as possible.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

hrj

mm
p.

PAYMENT SUMMARY
FORM APPROVED BY
COMPTROLLER GENERAL, U.S.
DECEMBER 18, 1950

EXAMINER

COMPUTER

CLAIM NO.

3-21-56 702
M. Anderson
Hand 3-27-56

W.C.D.
299059

SYMBOL	ACCRUED PAYMENTS					DEDUCTIONS (PREVIOUS PAYMENTS UNLESS OTHERWISE INDICATED)					NET AMOUNT DUE
	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	NO. RATE	FROM	TO	NO. MOS.	AMOUNT	
W		none				6669	6-1-55	2-29-56	9	600.21	600.21
C 1	57.50	6-1-55	3-31-56	10	575.00	4447	6-1-55	2-29-56	9	400.23	174.77
C 2	57.50	6-1-55	3-31-56	10	575.00	4447	6-1-55	2-29-56	9	400.23	174.77
C 3	57.50	6-1-55	3-31-56	10	575.00	4447	6-1-55	2-29-56	9	400.23	174.77
											75.90

REMARKS:

OK 3/28/56-70

RRB Chicago

FORM APPROVED
BUDGET BUREAU NO. 70-R227

**ANNUAL RETIREMENT
PAYMENT**

- Enter your RRB claim number
- If you are the widow, married? No If your (YES OR NO)
- If you are the widow of living with you? YES living with you. (YES OR NO)

months 1955 - widow
1 2 3 4 5 6 7 8 9 10 11 12
60.00 600 688 718.00
6300 73800 over 80 1456.59
Total 1981.47
ef 1 6-55
143.00 all are 80

4. Have any of the deceased employee's children under 18 years of age:

- Married? No If "Yes," give (NAME OF CHILD)
- Been adopted? No If "Yes," give (NAME OF CHILD)
- Died? No If "Yes," give (NAME OF CHILD)

- a. Name of employed or self-employed person EILEEN CONDRON
- b. Name and address of employer MRS. JAMES P. GEELAN, 284 WEST ELM ST. NEW HAVEN 15, CONN.
- c. Beginning date of employment DECEMBER 8, 1954
(FROM FORM W-2) 7/18.00
- d. Total earnings from employment and self-employment during the year 1955. \$ 718.00
- e. If the total earnings were more than \$1200, show the monthly amount of earnings from employment for hire on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00	APP. \$60.00
MONTHS IN WHICH SELF-EMPLOYED												

- a. Name of employed or self-employed person EILEEN CONDRON
- b. Name and address of employer JAMES P. GEELAN, 284 WEST ELM STREET NEW HAVEN 15, CONN.
- c. Beginning date of employment JANUARY 1955
- d. Total earnings from employment and self-employment during the year 1955. \$ 4256.59
- e. If the total earnings were more than \$1200, show the monthly amount of earnings from employment for hire on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE						\$63.00	\$292.29	\$138.00	\$209.88	\$161.71	\$169.72	\$915.72
MONTHS IN WHICH SELF-EMPLOYED												

6. Will you or any child of the deceased employee under age 18, be employed or self-employed during 1956? YES If your answer is "Yes," furnish the following information for each such person.

NAME OF PERSON	IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO"	ESTIMATED AMOUNT OF EARNINGS FOR 1956
<u>EILEEN CONDRON</u>	<u>YES</u>	<u>ABOUT \$2000.00</u>
<u>JAMES CONDRON</u>	<u>NO</u>	<u>ABOUT \$500.00</u>

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

FEBRUARY 24, 1956

Eileen Condron
(DATE SIGNED) SIGNATURE (SIGN IN INK OR INDELEBIL PENCIL - DO NOT PRINT)

I signed this questionnaire in NEW HAVEN, CONNECTICUT
(CITY) (STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM NO. G-19a
(11-55)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

ANNUAL REPORT OF PERSON RECEIVING INSURANCE PAYMENTS UNDER THE RAILROAD RETIREMENT ACT

1. Enter your RRB claim number
2. If you

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

Continuation sheet
for item # 5

- 59
1 St.
Com.
955

- umps
has
e
w
in

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE												
MONTHS IN WHICH SELF- EMPLOYED												

- a. Name of employed or self-employed person _____
- b. Name and address of employer _____
- c. Beginning date of employment _____
- d. Total earnings from employment and self-employment during the year 1955. \$ _____
- e. If the total earnings were more than \$1200, show the monthly amount of earnings from employment for hire on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE												
MONTHS IN WHICH SELF-EMPLOYED												

- a. Name of employed or self-employed person _____
- b. Name and address of employer _____
- c. Beginning date of employment _____
- d. Total earnings from employment and self-employment during the year 1955. \$ _____
- e. If the total earnings were more than \$1200, show the monthly amount of earnings from employment for hire on the first line in the block below, and place an "X" on the second line in each month in which the person was self-employed.

1955	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
EARNINGS FROM EMPLOYMENT FOR HIRE												
MONTHS IN WHICH SELF-EMPLOYED												

6. Will you or any child of the deceased employee under age 18, be employed or self-employed during 1956? (YES OR NO) If your answer is "Yes," furnish the following information for each such person.

NAME OF PERSON	IS THIS PERSON NOW WORKING? ENTER "YES" OR "NO"	ESTIMATED AMOUNT OF EARNINGS FOR 1956

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

FEBRUARY 24, 1956
(DATE SIGNED)

Eileen Condron
SIGNATURE (SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

I signed this questionnaire in NEW HAVEN CONNECTICUT
(CITY) (STATE)

A signature by mark must be witnessed by two persons, each of whom should sign his name and give his full address.

PENALTIES

SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANYINDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

New Haven, Conn. SEP 26 1955

WCD 299059

147 Bradley St.
New Haven 11, Conn.
Sept. 26, 1955

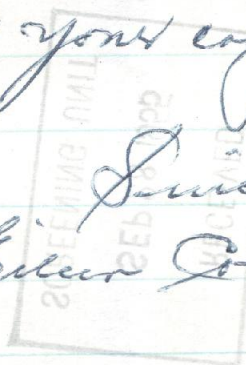
R. R. Board
Ret. Claims
844 Rush St.
Chicago, Ill.
Gentlemen:

This is to advise that my earnings
for the calendar year 1955 will be less
than \$1,200.

If they should exceed the above
stated amount I will notify you
immediately.

Thank you for your cooperation in
this matter.

Sincerely
Eileen Gordon



[illegible]

A 710-03-1966

Condron

STREET AND NUMBER 536

POST OFFICE STATE

DATE OF BIRTH (SUBJECT TO VERIFICATION) XX-XX-XX 3-2-96

PLACE OF BIRTH

FATHER'S FULL NAME

MOTHER'S FULL MAIDEN NAME X-X

SEX: MALE FEMALE COLOR: WHITE NEGRO OTHER (MARK (X) WHICH) SPECIFY

TYPED BY JDP REVIEWED BY AMR DATE ISSUED 11-22-37

OFFICE RECORD

U. S. SOCIAL SECURITY ACT

NO. OR SSA OFFICE 810 97

044 Chapel Street
New Haven 10, Conn.

CLAIM NO. 29905904

ACCOUNT NO. 6-05-8708 INAD

10-03-1966 ACT

CURRENT CLAIM FILED

ARY SERVICE

CH

TO

TO

TO

PROOF ATTACHED

APPROPRIATE ITEM:					ALLEGED		ESTABLISHED		ATTACHED		BY SSA		RRB		ATTACHED							
14	YR.	MOS. SERV.	WAGE Q. C.	COMP. Q. C.	TOTAL Q. C.	WAGES	COMPENSATION	WAGES AND COMPENSATION	MONTHS IN WHICH EMPLOYED (RRB)													
									J	F	M	A	M	J	J	A	S	O	N	D		
	PRIOR SERVICE																					
	1937																					
	1938																					
	1939		0			5 78																
	1940																					
	1941		0			3 00																
	1942		2			1321 98																
	1943		4			3000 00																
	1944		4			3000 00																
	1945		4			3000 00																
	1946		4			2800 41																
	1947		3			2491 45																
	1948																					
	1949																					
	1950																					
	1951																					
	1952																					
	1953																					
	1954																					
	1955																					
	1956																					
	1957																					
	TOTAL		21			15622 62						15	GROSS RESIDUAL A. PAYMENT				DEDUCTIBLE BENEFITS B. ALREADY PAID BY RRB					

15 GROSS RESIDUAL A. PAYMENT DEDUCTIBLE BENEFITS B. ALREADY PAID BY RRB

\$ \$

WHITE TRANSFER

MIDDLE NAME <i>PATRICK</i>		LAST NAME <i>CONDON</i>		710-03-1966	
STREET AND NUMBER				FOR OFFICE USE ONLY <i>536</i>	
POST OFFICE		STATE		<i>James</i>	
AGE AT LAST BIRTHDAY <i>3-2-96</i>		DATE OF BIRTH (SUBJECT TO VERIFICATION)		<i>Condon</i>	
PLACE OF BIRTH				<i>536</i>	
FATHER'S FULL NAME					
MOTHER'S FULL MAIDEN NAME					
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> (MARK (X) WHICH)		COLOR: WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> (MARK (X) WHICH)		OTHER <input type="checkbox"/> SPECIFY <i>1-1</i>	
TYPED BY _____		REVIEWED BY _____		DATE ISSUED _____	

U. S. SOCIAL SECURITY ACT

OA-702

[illegible]

RR-1

SOCIAL SECURITY ADMINISTRATION
RAILROAD RETIREMENT BOARDINTERAGENCY CERTIFICATION OF WAGES (INCLUDING
SELF-EMPLOYMENT INCOME) AND COMPENSATION

1 BLOCK NO. OR SSA OFFICE

810 97
1044 Chapel Street
New Haven 10, Conn.2 NAME OF DECEASED EMPLOYEE
(LAST) (FIRST) (MIDDLE)
Condron James Patrick OK3 RRB CLAIM NO.
D-2990590K

4 ADDRESS (STREET AND NUMBER, CITY, ZONE NUMBER, AND STATE)

5 SSA ACCOUNT NO.
706-05-8708 INACT
710-03-1966 ACT6 DATE OF DEATH
6-29-557 DATE OF BIRTH
3-2-96 OK

8 DATE CURRENT CLAIM FILED

9 OASI LAG EMPLOYERS AND ADDRESSES

FROM—

TO—

10 MILITARY SERVICE

BRANCH

FROM

TO

FROM

TO

FROM

TO

RRB LAG EMPLOYERS (18 MOS.)

FROM—

TO—

11 WORK LOCATION

12 DEPARTMENT AND OCCUPATION

13 IF RR SERVICE PRIOR TO 1937
IS ALLEGED, COMPLETE
APPROPRIATE ITEM:MOS. PRIOR
SERVICE
ALLEGEDPRIOR SERVICE
APPARENTLY
ESTABLISHED☐ G-108
ATTACHEDVERIFIED
BY SSA

RRB

PROOF
ATTACHED

14 YR.

MOS.
SERV.WAGE
Q. C.COMP.
Q. C.TOTAL
Q. C.

WAGES

COMPENSATION

WAGES AND
COMPENSATION

MONTHS IN WHICH EMPLOYED (RRB)

J F M A M J J A S O N D

PRIOR
SERVICE

1937

1938

1939

1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

TOTAL

21

15622 62

15 GROSS RESIDUAL
A. PAYMENTDEDUCTIBLE BENEFITS
B. ALREADY PAID BY RRB

\$

\$

16-00550*2

WHITE TRANSFER

17	BENEFIT STATUS RRB
----	--------------------

- DATE _____

SIGNED

9

AFTER 1946 THROUGH _____
(MO. AND YEAR)

	\$
TOTAL	

1

19	REMARKS
----	---------

- AMOUNT

AMOUNT

AMOUNT

AMOUNT

1951

1952

1953

1954

1955

1956

1957

20	CERTIFICATION
----	---------------

BY

BY

DATE _____

J. L. FAY
ASSISTANT DIRECTOR
BUREAU OF OLD-AGE AND
SURVIVORS INSURANCE

Date 8/15/55
Block 31097 Desk 36N

To: *FROM* New Haven 10, Conn.

From: Division of Accounting Operations

Subject: Request for Claims Material and/or Development of Lag Employment for Certification of RR-1 to Railroad Retirement Board

James P. Condon, A/N 710-03-1966 A 706-05-3708N

USE THIS MEMORANDUM AS A TRANSMITTAL FOR THE MATERIAL REQUESTED

Please take the action indicated below.

☒ Forward all claims material in your files, except the OA-C504, to this office. The Railroad Retirement Board apparently has jurisdiction in this case for the reason indicated in item C, block 17, of the RR-1.

a. If no claims material was obtained, enter below the name and address of the claimant.

* Mrs. Eileen O'Neil Condon + 3 minor children
(Name)

147 Bradley St., New Haven, Conn.
(Street) (City - Zone - State)

* she didn't know for sure length of service with R.P. - no claim taken

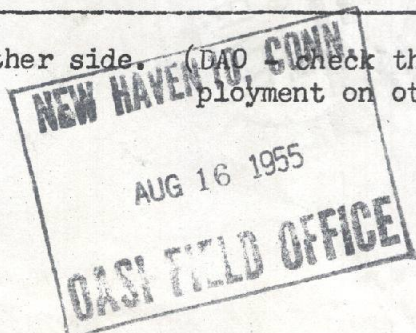
☐ SEI alleged for 19____ not posted. Obtain a completed OAR-7012 (Rev. 6-54 or later) from IRS. If IRS has no record of return filed and taxes paid, obtain the evidence listed in CM 1599.2 from the claimant.

☐ Obtain OAC-1001 for the alleged employment indicated below (see CM 1772).

Name and Address of Employer

Periods

☐ See other side. (DAO CONN check this box and list additional alleged lag employment on other side)



J. L. Fay
J. L. Fay *sk.*
Assistant Director

STATEMENT OF DEATH BY FUNERAL DIRECTOR

1. Name of deceased:

James Patrick Condron

2. Social Security Account Number:

AUG 4 1955

710-03-1966

3. Sex and race of deceased:

Male SEX

White RACE

4. Date of death of deceased:

June MONTH

29 DAY

1955 YEAR

5. Name and address of deceased's next of kin. (If no relative's address is known, state name and address of person who arranged for burial.)

Mrs. Eileen Condron NAME

Wife RELATIONSHIP

1147 Bradley St. STREET ADDRESS

New Haven CITY

ZONE NUMBER

Conn. STATE

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or buried the body of the person named above. I understand this statement is for use as part of an application for Federal old-age and survivors benefits.

Cox, Smith & Crimmins

NAME OF FUNERAL DIRECTOR OR FIRM (TYPE OR PRINT)

SIGNATURE OF FUNERAL DIRECTOR, MEMBER OF FIRM, OR AUTHORIZED EMPLOYEE

Vice*Pres. TITLE

1287 Chapel St. STREET ADDRESS OF FUNERAL DIRECTOR OR FIRM

New Haven CITY

11 ZONE NUMBER

Conn. STATE

Aug. 3, 1955

DATE THIS STATEMENT MADE

FORM OA-C721
(9-50)

STATEMENT OF DEATH BY FUNERAL DIRECTOR

1. Name of deceased
2. Social Security Account Number
3. Sex and race of deceased
4. Date of death of deceased
5. Name and address of deceased's next of kin (If no relative's address is known, state name and address of person who arranged for burial)

I hereby certify that the undersigned is an authorized funeral director and prepared for burial or burial the body of the person named above. I understand this statement is for use as part of an application for Federal old age and survivors benefits.



NOTICE—Whoever makes a false statement or representation in an application for Federal old age and survivors benefits shall, upon conviction by law, be fined not more than \$500 or not more than 1 year or both.

FORM DA-521 (2-50)

Periods

Name and Address of Employer



See other side

Assistant Director

Form OAR-17051 9-55

IMPORTANT - READ CAREFULLY
UNITED STATES OF AMERICA

RAILROAD RETIREMENT BOARD

844 RUSH STREET

CHICAGO 11, ILLINOIS

SEP 14 1955

BUREAU OF RETIREMENT CLAIMS

Eileen Condron

147 Bradley Street

New Haven 11, Connecticut

In reply refer to

R.R.B. No. D-299059

Name of Deceased Employee

James P. Condron

You and each child listed below have been awarded an insurance annuity under the Railroad Retirement Act beginning **June 1, 1955.**

Name	Monthly Rate
Eileen Condron	\$66.69
Eileen B. Condron	44.47
John J. Condron	44.47
James P. Condron	44.47

The first check you will receive will cover the total amount due through **August 31, 1955**. Unless you have already received the first check, you should receive it within two weeks from the date of this letter. Succeeding checks for the total of the monthly rates will be mailed to reach you about the fifth day of each month and will cover the amount due for the preceding month.

Please refer to the other side of this letter for the conditions under which these benefits are not payable and for other important information.

If any questions arise concerning these annuities, you may write to this office or call at any of the field offices shown on the enclosed list.

Very truly yours,

Robert H. LaMotte

Robert H. LaMotte
Director of Retirement Claims

Enclosures

G-74

T-83

13

BE SURE TO READ THE OTHER SIDE OF THIS LETTER

IMPORTANT - READ CAREFULLY

YOUR ANNUITY CANNOT BE PAID FOR ONE OR MORE MONTHS while you are under 72 years of age if:

- (1) you work in the United States and earn more than \$1200 in a taxable year (the year on which your income tax report is based) in any type of employment or self-employment, or
- (2) you are a U.S. citizen and you earn more than \$1200 in a taxable year outside the United States in employment or self-employment covered by the Social Security Act.

The number of months for which you cannot be paid an annuity if you work as described in (1) and (2) above will depend on the amount of your earnings. (The term "United States" includes Alaska, Hawaii, the Virgin Islands and Puerto Rico.)

YOUR ANNUITY CANNOT BE PAID for any month in which:

- (1) you work for a railroad or other employer covered by the Railroad Retirement Act, regardless of how much you earn, or
- (2) while under age 72, you work outside the United States on seven or more different calendar days in employment or self-employment not covered by the Social Security Act. (If you are not a U.S. citizen, this restriction applies regardless of whether the employment or self-employment is covered by the Social Security Act.)

A CHILD'S ANNUITY likewise is not payable if the child works as described above.

YOUR RIGHT TO RECEIVE THIS ANNUITY ENDS with the month before the month in which you marry again or in which no child of your deceased husband is entitled to an annuity.

A CHILD'S ANNUITY ENDS with the month before the month in which the child reaches age 18 (unless he has a permanent physical or mental condition which is such that he is unable to engage in any regular employment); or marries; or dies; or is adopted by someone other than a stepparent, grandparent, aunt or uncle.

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if you marry again, or if you either work or engage in self-employment as described above. You must also notify the Board if any child for whom you are receiving benefits marries, is adopted or either works or engages in self-employment as described above. The Board should also be informed if your guardianship ends or if any child for whom you are receiving benefits is no longer in your care and custody.

READ THE ENCLOSED PAMPHLET CAREFULLY. It explains in detail the conditions under which an insurance annuity is not payable. If anything happens which would affect payment of your annuity or the annuity of any child in your care, you should fill out and return the form which is a part of the pamphlet.

IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board immediately. A notice of change of address should show your claim number, your old address and your new address, and should be signed by you personally in the same manner in which you signed your application.

An applicant for benefits under the Railroad Retirement Act may appeal to the Appeals Council of the Board if he does not agree with the decision on his claim. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

ALWAYS GIVE YOUR CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

STATEMENT OF JURISDICTION
AND/OR
RECORD OF TRANSFER

CONDON, JAMES PATRICK

D-299059

710-03-1966

147 Bradley Street
New Haven, Connecticut

3-2-1896

6-29-1955

NY NH & H

EILEEN CONDRON (WIDOW)

BUREAU OF WAGE AND SERVICE RECORDS

1. ☒ RRB HAS JURISDICTION - FORM G-73a BEING
PROCESSED

2. SSA HAS JURISDICTION

☐ INSUFFICIENT QUARTERS OF COVERAGE

☐ CURRENT CONNECTION NOT APPARENT

☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

_____ MONTHS OF SERVICE AFTER 1936

3. ☐ FORM RR-1 (BUFF) INITIATED

☐ FORM RR-1 (BUFF) NOT REQUIRED

REMARKS:

BUREAU OF RETIREMENT CLAIMS

4. ☒ RRB HAS JURISDICTION - FORM RR-1 (WHITE)
RETURNED TO DAO

5. CASE TRANSFERRED TO SSA ON BASIS OF:

☐ RR-1 (WHITE)

☐ RR-1 (BUFF)

REASON FOR TRANSFER:

☐ INSUFFICIENT QUARTERS OF COVERAGE

☐ CURRENT CONNECTION NOT APPARENT

☐ LESS THAN 120 MONTHS OF EMPLOYER SERVICE

6. ☐ FORM SS-5 RETURNED

☐ FORM OA-702 RETURNED

REMARKS:

Neil Jones
(PREPARED BY)

7-19-5
(DATE)

BB Campbell
(PREPARED BY)

AUG 9 1955
(DATE)

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

Nº 33810

Certified Copy of Death Record

1. PLACE OF DEATH: (a) State of Connecticut: (b) County <u>New Haven</u> (c) Town <u>New Haven</u> yrs. (If not in hospital give street no. or location) (e) Name of Hospital or Institution <u>St. Raphael's Hosp.</u>		2. USUAL RESIDENCE OF DECEASED. <u>New Haven</u> (a) State <u>Connecticut.</u> (b) County _____ (c) Town <u>New Haven</u> (d) (City or Borough) _____ (e) Street Number <u>147 Bradley Street.</u> (If rural, give location) _____	
3. NAME OF DECEASED (First) <u>Mr. James</u> (Middle) <u>Patrick</u> (Last) <u>Condron</u> (Type or print)		4. SOCIAL SECURITY NUMBER <u>-</u>	
PERSONAL AND STATISTICAL PARTICULARS 5. SEX <u>Male</u> 6. RACE <u>White</u> 7. SINGLE <u>WIDOWED</u> 8. If MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND <u>Eileen O'Neill</u> (Month) _____ (Day) _____ (Year) _____ 9. DATE OF DEATH <u>June 29, 1955</u> 10. DATE OF BIRTH <u>3/2/1896</u> AGE (in years last birthday) <u>59</u> If under 1 year: Months _____ Days _____ Hours _____ Mins. _____ 11. BIRTHPLACE (City or town) <u>--- Ireland</u> (State or foreign country) _____ 12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Car Inspector</u> (b) Industry or Business <u>New Haven Road</u> 13. (a) WAS DECEASED A VETERAN? Yes or No. <u>no</u> (b) If yes, give war _____ Unit or Ship _____ 14. NAME <u>Nicholas Condron</u> (City or town) _____ (State or foreign country) _____ 15. BIRTHPLACE <u>- Ireland</u> 16. NAME <u>Sarah Carty</u> (City or town) _____ (State or foreign country) _____ 17. BIRTHPLACE <u>- Ireland</u> 18. INFORMANT'S NAME <u>Mrs. James P. Condron (Wife)</u> 19. BURIAL, CREMATION OR REMOVAL Date <u>July 2, 1955</u> Cemetery or Crematory <u>St. Lawrence</u> Place <u>West Haven, Connecticut.</u> 20. NAME OF EMBALMER IF BODY WAS EMBALMED <u>F.J. Smith</u> License number <u>760</u> 21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR <u>Cox, Smith & Crimmins J.D. Crimmins</u> Address <u>New Haven, Connecticut.</u>		MEDICAL CERTIFICATION 22. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) (a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death</i> <u>Myocardial infarction</u> ANTECEDENT CAUSES. <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Arteriosclerotic Coronary thrombosis</u> 23. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death</i> <u>Rheumatic Heart Disease</u> 24. OPERATION, DATE AND MAJOR FINDINGS <u>no</u> 25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: (a) Accident, suicide, homicide (specify) _____ (b) Date of occurrence _____ (c) City or Town and State _____ (d) Did injury occur in or about home, factory, farm, office, street, etc.? _____ (e) While at work? _____ (f) How did it occur? _____ 26. I HEREBY CERTIFY, That I attended the deceased from <u>April 2, 1955</u> to <u>June 29, 1955</u> that I last saw the deceased alive on <u>June 29, 1955</u> and that death is said to have occurred on <u>June 29, 1955</u> at <u>4:45 P.</u> m. 27. SIGNATURE OF PHYSICIAN <u>Oscar Roth, M.D.</u> Address <u>New Haven, Conn.</u> Date <u>6/30/55</u>	
THIS CERTIFICATE RECEIVED FOR RECORD ON <u>June 30, 1955</u> By <u>Andrew Gasolino</u>		REGISTRAR	

I certify that this is a true transcript of the information on the death record as recorded in this office.

Attest: _____

July 6, 1955

Town of _____

New Haven, Connecticut.

Registrar of Vital Statistics

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

No 33810

Certified Copy of Death Record

1. PLACE OF DEATH: (a) State of Connecticut (b) County New Haven (c) Town New Haven (d) Length of stay yrs. (e) Name of Hospital or Institution St. Raphael's Hosp.		2. USUAL RESIDENCE OF DECEASED: (a) State Connecticut (b) County New Haven (c) Town New Haven (d) (City or Borough) New Haven (e) Street 147 Bradley Street (f) (If rural, give location) 4. SOCIAL SECURITY NUMBER Condron	
3. NAME OF DECEASED (Type or print) Mr. James Patrick (Middle) Condron		4. SEX Male 5. RACE White 6. MARRIAGE Married 7. MARRIAGE Widowed or Divorced, give maiden name of Eileen O'Neill (Month) (Day) (Year) June 29, 1955 8. DATE OF BIRTH 3/2/1896 9. DATE OF DEATH June 29, 1955 10. DATE OF BIRTH 3/2/1896 11. BIRTHPLACE (City or town) (State or foreign country) Ireland 12. (a) Usual Occupation (Give kind of work done during most of working life even if retired) Car Inspector (b) Industry or Business New Haven Road 13. (a) Was Deceased a Veteran? Yes or No no (b) If yes, give war Unit or Ship 14. NAME Nicholas Condron (City or town) (State or foreign country) Ireland 15. BIRTHPLACE - Ireland 16. NAME Sarah Carty (City or town) (State or foreign country) Ireland 17. BIRTHPLACE - Ireland 18. INFORMANT'S NAME Mrs. James P. Condron (Wife) 19. BIRTHPLACE St. Lawrence 20. NAME OF BEREAVEMENT SOCIETY F. J. Smith 21. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 22. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 23. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 24. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 25. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 26. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 27. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 28. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 29. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 30. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 31. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 32. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 33. SIGNATURE OF LICENSED BEREAVEMENT SOCIETY DIRECTOR Cox, Smith & Crimmins 34. 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I certify that this is a true and correct copy of the information on the death record as recorded in this office.

Attest: *Robert A. S. Jr.*
 Registrar of Vital Statistics
 New Haven, Connecticut
 Dated July 6, 1955
 Town of New Haven, Connecticut

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL

Form V.S. 150

DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

7/7/55

2. S.S.A. OR CLAIM NUMBER

710-03-1966

3. FILE NAME OF EMPLOYEE

James Patrick Condron

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Cert of Marriage

5. ON OFFICIAL STATIONERY? ☒ YES ☐ NOSEAL USED? ☒ YES ☐ NO

6. DATE RECORD MADE

5-17-1933

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

St. Mary's Church
New Haven Conn8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

EMPLOYEE

SURVIVOR

10. NAME

James Condron

Eileen O'Neill

11. AGE OR DATE OF BIRTH

12. PLACE OF BIRTH

13. NAME OF FATHER

14. MOTHER'S MAIDEN NAME

15. DATE OF DEATH

16. MARRIAGE

DATE

May 17, 1933

PLACE

New Haven, Conn.

17. OTHER PERTINENT INFORMATION:

UNIT OR FIELD OFFICE

SIGNATURE AND TITLE

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF:

☐ EMPLOYEE☐ SURVIVOR☐ MARRIAGE☐ DEATH☐ RELATIONSHIP OF SURVIVOR

RELATIONSHIP _____

UNIT

SIGNATURE AND TITLE

DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

2. S.S.A. OR CLAIM NUMBER

DESCRIPTION OF DOCUMENT

3. KIND OF DOCUMENT

4. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

5. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT

6. ON OFFICIAL STATIONERY? ☒ YES ☐ NO
SEAL USED? ☒ YES ☐ NO

7. DATE RECORD MADE

8. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

10. NAME

11. AGE OR DATE OF BIRTH

12. PLACE OF BIRTH

13. NAME OF FATHER

14. MOTHER'S MAIDEN NAME

15. DATE OF DEATH

16. MARRIAGE

17. OTHER PERTINENT INFORMATION:

18. FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY

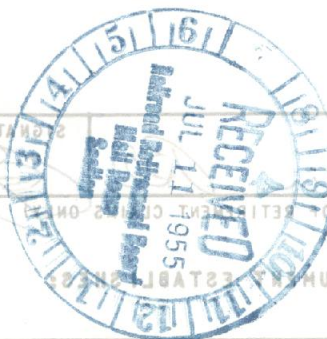
UNIT OR FIELD OFFICE

19. SIGNATURE AND TITLE

AGE OR DATE OF BIRTH OF: ☐ EMPLOYEE ☐ SURVIVOR
RELATIONSHIP OF SURVIVOR: ☐ MARRIAGE ☐ DEATH ☐ RELATIONSHIP

20. SIGNATURE AND TITLE

UNIT



DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

7/7/55

2. S.S.A. OR CLAIM NUMBER

710-03-1966

3. FILE NAME OF EMPLOYEE

James Patrick Condron

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Birth Cert.

5. ON OFFICIAL STATIONERY? ☒ YES ☐ NOSEAL USED? ☒ YES ☐ NO

6. DATE RECORD MADE

6-1-47

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

State of Conn
Dept of Health8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

EMPLOYEE

SURVIVOR

10. NAME

Eileen Barbara Condron

11. AGE OR DATE OF BIRTH

June 1, 1947

12. PLACE OF BIRTH

New Haven Conn

13. NAME OF FATHER

James Patrick Condron

14. MOTHER'S MAIDEN NAME

Eileen O'Neill

15. DATE OF DEATH

16. MARRIAGE

DATE

PLACE

17. OTHER PERTINENT INFORMATION:

17. OTHER PERTINENT INFORMATION:

SIGNATURE AND TITLE

(FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF:

☐ EMPLOYEE
☐ SURVIVOR
☐ MARRIAGE☐ DEATH☐ RELATIONSHIP OF SURVIVOR

RELATIONSHIP _____

SIGNATURE AND TITLE

1. DATE 7/7/54 2. 2.2.A. OR CLAIM NUMBER 710-03-1966

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

3. FILE NAME OF EMPLOYEE James Patrick Connors

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT Death Cert

5. ON OFFICIAL STATIONERY? YES NO SEAL USED? YES NO 6. DATE RECORD MADE 6-1-57

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION State of Conn

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

10. NAME	EMPLOYEE	SURVIVOR
		William Barbara Connors
11. AGE OR DATE OF BIRTH		June 1, 1947
12. PLACE OF BIRTH		Westchester Conn
13. NAME OF FATHER		James Patrick Connors
14. MOTHER'S MAIDEN NAME		William O'Neill
15. DATE OF DEATH		
16. MARRIAGE	DATE	PLACE

17. OTHER PERTINENT INFORMATION:

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY) RECEIVED JUL 11 1955

19. SIGNATURE AND TITLE

20. SIGNATURE AND TITLE

21. RELATIONSHIP OF SURVIVOR

22. RELATIONSHIP

23. AGE OR DATE OF BIRTH OF: SURVIVOR EMPLOYEE DEATH MARRIAGE

DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

7/7/55

2. S.S.A. OR CLAIM NUMBER

710-03-1966

3. FILE NAME OF EMPLOYEE

James Patrick Condron

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Burial Cert.

5. ON OFFICIAL STATIONERY? ☒ YES ☐ NOSEAL USED? ☒ YES ☐ NO

6. DATE RECORD MADE

4-24-45

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

State of Conn.
Dept of Health8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

EMPLOYEE		SURVIVOR
10. NAME		John Joseph Condron
11. AGE OR DATE OF BIRTH		April 24, 1945
12. PLACE OF BIRTH		New Haven Conn.
13. NAME OF FATHER		James Patrick Condron
14. MOTHER'S MAIDEN NAME		Eileen O'Neill
15. DATE OF DEATH		
16. MARRIAGE	DATE	PLACE

17. OTHER PERTINENT INFORMATION:

OR FIELD OFFICE

New Haven B30

SIGNATURE AND TITLE

J. E. O'Connell B30 Mgr.

FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF:

☐ EMPLOYEE
☐ SURVIVOR
☐ MARRIAGE☐ DEATH☐ RELATIONSHIP OF SURVIVOR

RELATIONSHIP _____

SIGNATURE AND TITLE

DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

2. DATE

7/7/54 710-03-1962

3. FILE NAME OF EMPLOYEE

James Patrick Garwood

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Bank Cert.

5. ON OFFICIAL STATIONERY? ☒ YES ☐ NO
SEAL USED? ☒ YES ☐ NO

6. DATE RECORD MADE

4-24-48

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

State of Conn.
Dept of Health

8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

10. NAME

John Joseph Garwood

11. AGE OR DATE OF BIRTH

April 24, 1948

12. PLACE OF BIRTH

Newtown Conn.

13. NAME OF FATHER

James Patrick Garwood

14. MOTHER'S MAIDEN NAME

William O'Neil

15. DATE OF DEATH

PLACE

DATE

16. MARRIAGE

17. OTHER PERTINENT INFORMATION:

SIGNATURE AND TITLE

UNIT OR FIELD OFFICE

DOCUMENTS

AGE OR DATE OF BIRTH OF:

☐ SURVIVOR
☐ EMPLOYEE
☐ RELATIONSHIP OF SURVIVOR
☐ DEATH
☐ MARRIAGE



DESCRIPTION AND CERTIFICATION
AS TO ACCEPTABILITY OF
EVIDENCE SUBMITTED

1. DATE

7/7/55

2. S.S.A. OR CLAIM NUMBER

710-03-1966

3. FILE NAME OF EMPLOYEE

James Patrick Condron

DESCRIPTION OF DOCUMENT

4. KIND OF DOCUMENT

Birth Cert.

5. ON OFFICIAL STATIONERY? ☒ YES ☐ NOSEAL USED? ☒ YES ☐ NO

6. DATE RECORD MADE

10-28-1939

7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION

State of Conn.
Dept of Health8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS
APPEARING ON DOCUMENT

None

9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT

INFORMATION ON DOCUMENT

EMPLOYEE

SURVIVOR

10. NAME

James Patrick Condron

11. AGE OR DATE OF BIRTH

Oct. 21, 1939

12. PLACE OF BIRTH

New Haven Conn.

13. NAME OF FATHER

James Patrick Condron

14. MOTHER'S MAIDEN NAME

Eileen O'Neill

15. DATE OF DEATH

16. MARRIAGE

DATE

PLACE

17. OTHER PERTINENT INFORMATION:

UNIT OR FIELD OFFICE

SIGNATURE AND TITLE

18. (FOR USE OF BUREAU OF RETIREMENT CLAIMS ONLY)

DOCUMENT ESTABLISHES:

AGE OR DATE OF BIRTH OF:

☐ EMPLOYEE
☐ SURVIVOR
☐ MARRIAGE☐ DEATH☐ RELATIONSHIP OF SURVIVOR

RELATIONSHIP _____

UNIT

SIGNATURE AND TITLE

UNIT		SIGNATURE AND TITLE	
DOCUMENT ESTABLISHES:		AGE OR DATE OF BIRTH OF: <input type="checkbox"/> SURVIVOR <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> RELATIONSHIP OF SURVIVOR <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DEATH	
18. (FOR USE OF BUREAU OF RECORDS ONLY)		UNIT OR FIELD OFFICE	
RECEIVED JUL 11 1955 National Archives College Park, Md.		SIGNATURE AND TITLE	
17. OTHER PERTINENT INFORMATION:			
16. MARRIAGE		DATE	
15. DATE OF DEATH		PLACE	
14. MOTHER'S MAIDEN NAME		SURVIVOR	
13. NAME OF FATHER		EMPLOYEE	
12. PLACE OF BIRTH		SURVIVOR	
11. AGE OR DATE OF BIRTH		EMPLOYEE	
10. NAME		SURVIVOR	
9. IF DATE RECORD WAS MADE IS NOT SHOWN, DESCRIBE BRIEFLY THE CONDITION OF THE DOCUMENT			
7. NAME OF ISSUING AGENCY, INSTITUTION OR ORGANIZATION		8. DESCRIBE ANY ERASURES, ALTERATIONS OR INTERLINEATIONS APPEARING ON DOCUMENT	
6. KIND OF DOCUMENT		5. ON OFFICIAL STATIONERY? <input type="checkbox"/> YES <input type="checkbox"/> NO SEAL USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. DATE RECORD MADE			
3. FILE NAME OF EMPLOYEE			
2. DATE			
1. DATE			
DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED			
2. S. A. OR CLAIM NUMBER			

U. S. RAILROAD RETIREMENT BOARD
1044 CHAPEL STREET, ROOMS 201 & 202
NEW HAVEN 10, CONNECTICUT

14. What is your relationship to the deceased employee?

13. Has anyone filed an application for benefits under the Social Security Act by reason of the death of

(YES OR NO)

If "Yes," give the name and address of each such person:

In reply refer to

SSA-710-03-1966

13. Was the deceased employee receiving a monthly benefit or annuity under the Railroad Retirement

Dear

In order that we may determine whether monthly benefits or a lump-sum death payment may be payable under the Railroad Retirement Act by reason of the death of James P. Gordon, a former employee in the railroad industry, will you please fill in all of the items listed below and on the other side of this letter. If you do not know the answer to any item, write "Unknown" in the item. Please return the completed form to the Railroad Retirement Board in the enclosed envelope. This form is not an application for benefits.

Very truly yours,

Enclosure
Envelope

1. Deceased employee's (a) 710-03-1966 (b) None

(SOCIAL SECURITY ACCOUNT NO.)

(R.R.S. CLAIM NO.)

c. 3/27/1896

(DATE OF BIRTH)

6/29/55

(DATE OF DEATH)

New Haven Conn.

(PLACE OF DEATH)

2. How many years did the deceased employee work in the railroad industry:

(a) Before 1937 6 years

(b) After 1937 8 yrs. years

3. Give the following information for each employer, including employers outside the railroad industry, for whom the deceased employee worked during the 3-year period ending with the month of last employment: (If he worked for himself, write "self-employed" in the first column.)

NAME OF EMPLOYER	LAST OCCUPATION	LOCATION	WORK BEGAN		WORK ENDED	
			MONTH	YEAR	MONTH	YEAR
<u>N.Y. N.H. & H.R.R.</u>	<u>Car Driver</u>	<u>New Haven</u>	<u>4</u>	<u>1952</u>	<u>4</u>	<u>1955</u>

4. Did the deceased employee serve in active military or naval service of the United States?

If "Yes," give

(YES OR NO)

(DATE OF ENTRY)

(DATE OF DISCHARGE)

(BRANCH OF SERVICE)

5. (a) Have the deceased employee's burial expenses been paid? No (YES OR NO)

(b) Give the name and address of any person who paid or will pay all or part of the burial expenses:
Mrs. Eileen Condron 147 Bradley St. New Haven Conn. (NAME) (ADDRESS)

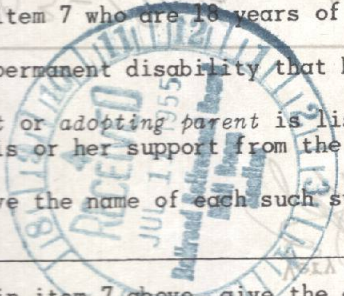
6. Give the name and address of the administrator or executor of the estate of the deceased employee, if any: (If none, write "None.")
Mrs. Eileen Condron 147 Bradley St. New Haven Conn. (NAME) (ADDRESS)

7. Give the following information regarding the deceased employee's widow or widower, children (including adopted children or stepchildren), and parents (including an adopting parent or step-parent). If any child of the deceased employee, under age 18, is not living with its surviving parent, include the name and address of the person with whom such child is living:

NAME OF SURVIVOR	SURVIVOR'S ADDRESS	DATE OF BIRTH	RELATIONSHIP TO DECEASED
<u>Mrs. Eileen Condron</u>	<u>147 Bradley St. New Haven Conn.</u>	<u>8/22/1910</u>	<u>Widow</u>
<u>Eileen B. Condron</u>	<u>"</u>	<u>6/11/47</u>	<u>Daughter</u>
<u>John J. Condron</u>	<u>"</u>	<u>4/24/45</u>	<u>Son</u>
<u>Marleen Ann Condron</u>	<u>"</u>	<u>1/16/1934</u>	<u>Daughter</u>
<u>James Patrick Condron</u>	<u>"</u>	<u>10/6/1939</u>	<u>Son</u>

8. Are there any children named in item 7 who are 18 years of age or older and unable to engage in any regular employment because of a permanent disability that began before age 18? No (YES OR NO)

9. If a widow, parent, step-parent or adopting parent is listed in item 7 above, was any such survivor receiving at least one-half of his or her support from the deceased employee when the employee died? No If "Yes," give the name of each such survivor.
 (YES OR NO)



10. If a widow or widower is listed in item 7 above, give the date she or he married the deceased employee May 17, 1923

11. If the deceased employee was survived by any child of his (or her) deceased child, give the following information:

NAME OF GRANDCHILD	ADDRESS	DATE OF BIRTH	NAME OF DECEASED CHILD
<u>Dead</u>			

12. Was the deceased employee receiving a monthly pension or annuity under the Railroad Retirement Act? No (YES OR NO)

13. Has anyone filed an application for benefits under the Social Security Act by reason of the death of the deceased employee? No If "Yes," give the name and address of each such person:
 (YES OR NO)

14. What is your relationship, if any, to deceased employee? Widow

Signature of person furnishing information Eileen Condron
147 Bradley St. New Haven Conn. ST-71074 (ADDRESS) (TELEPHONE NUMBER)

PLEASE FURNISH INFORMATION ON THE ITEMS CHECKED

☐ SSA: 710-03-1966
☒ NAME: James Patrick Condron
☐ ADDRESS:
☐ DATE OF BIRTH:
☐ RR:
☒ CLAIM NUMBER: D299059
☐ DATE SIGNED:

7-20-5	scr	X	2/17	58X	X
8-8-5	SB	X	4/27/9	AP+a	X
AUG 1 21955	SA	X	5/1/59	Pol 10	X
SEP 29 1955	SB	X	2-28-3	BC JOE	
3-16-6	Pol 9	X	3-29	SB	X
JUL 2 1956	SB	X	8/5/64	RES GILES	X
AUG 21 1956	SB	X	4-23-65	Disin	X
4-25-7	BC Phil	X	3-21-66	Rg Ingal	X
6-25-7	Pol 9	X	3-21-67	Sup	X
8-14-7	Res Shuns	X	4-11-7	SB	X
9/10/57	B.C. Woods	✓	5/18-7	Repurs	X
	scr	✓	6/23/67	GAORM #517	X
10-3-7	SB	X	7-28-9	ome Smith	X
5-16-8	Pol 9	X	8-12	SB-65	X
JUL 31 1958	SB	X	9-21	PCS	X
8-15-8	POL 9	X	2-10-70	BCS	X
9-25	Res Ingal	X	6/12/70	Scr + Dev	X
7-29-58	POL 9 SCHLITTER	X	7-17-75	SB	X
	mech U-	X	7-21	Si	X
11-18	Res-	X	2-17-76	SP	X
12-11-8	SB	X	4-5	Per	X
JAN 28 1959	SB	X			

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

D299059

NAME

Anderson James Patrick

FILE CHARGE SHEET

DATE CHARGED	CHARGED TO	RETURNED	DATE CHARGED	CHARGED TO	RETURNED
4-21-76	Res. Rider	X			
5-19-76	Res-Recon	X			
7-15-76	Res-Recon	X			
8-17-76	Res-Recon	X			
9-17-76	Res-Recon	X			
10-8-76	Sp-Lipson	X			
11-11-76	RES.	X			
11-23-76	Res-Recon	X			
1-7-77	BXR-Whyl	X			
11-7-77	BCS	X			
1-3-78	R+S	X			
2-2-78	Res Spe 075	X			
4-6-78	SPE 075	X			
5-10-78	Res Spe 75	X			
6-27-78	SPE 075	X			
9-27-78	HR	X			
9-28-78	SM 5	X			
10-31-78	CSU-CR	X			
11-6-78	CCH-Vouch	X			
3-30-79	QIG	X			
DEC - 3 1987	REMOVED FROM STORAGE AND RETURNED TO FILES				
DEC - 3 1987	2502				

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics — Hartford, Connecticut, U. S. A.

Nº 33810

Certified Copy of Death Record

1. PLACE OF DEATH: (a) State of Connecticut: (b) County <u>New Haven</u> (c) Town <u>New Haven</u> yrs. (If not in hospital give street no. or location) (e) Name of Hospital or Institution <u>St. Raphael's Hosp.</u>		2. USUAL RESIDENCE OF DECEASED. <u>New Haven</u> (a) State <u>Connecticut.</u> (b) County _____ (c) Town <u>New Haven</u> (d) (City or Borough) _____ (e) Street Number <u>147 Bradley Street.</u> (If rural, give location) _____	
3. NAME OF DECEASED (Type or print) <u>Mr. James</u> (First) <u>Patrick</u> (Middle) <u>Condron</u> (Last)		4. SOCIAL SECURITY NUMBER _____	
PERSONAL AND STATISTICAL PARTICULARS 5. SEX <u>Male</u> 6. RACE <u>White</u> 7. SINGLE, WIDOWED, MARRIED, DIVORCED <u>Married</u> 8. IF MARRIED, WIDOWED OR DIVORCED, GIVE MAIDEN NAME OF WIFE OR HUSBAND <u>Eileen O'Neill</u> (Month) _____ (Day) _____ (Year) _____ 9. DATE OF DEATH <u>June</u> <u>29,</u> <u>1955</u> 10. DATE OF BIRTH <u>3/2/1896</u> AGE (in years last birthday) <u>59</u> If under 1 year: Months _____ Days _____ If under 1 day: Hours _____ Mins. _____ 11. BIRTHPLACE (City or town) <u>--- Ireland</u> (State or foreign country) _____ 12. (a) USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Car Inspector</u> (b) Industry or Business <u>New Haven Road</u> 13. (a) WAS DECEASED A VETERAN? Yes or No <u>no</u> (b) If yes, give war _____ Unit or Ship _____		MEDICAL CERTIFICATION 22. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) (a) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death</i> <u>Myocardial infarction</u> ANTECEDENT CAUSES. <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Arteriosclerotic Coronary thrombosis</u> 23. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death</i> <u>Rheumatic Heart Disease</u> 24. OPERATION, DATE AND MAJOR FINDINGS _____ 25. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: (a) Accident, suicide, homicide (specify) _____ (c) City or Town and State _____ (d) Did injury occur in or about home, factory, farm, office, street, etc.? _____ (e) While at work? _____ (f) How did it occur? _____ 26. I HEREBY CERTIFY, That I attended the deceased from <u>April 2,</u> 19 <u>55</u> , to <u>June 29,</u> 19 <u>55</u> that I last saw the deceased alive on <u>June 29,</u> 19 <u>55</u> and that death is said to have occurred on <u>June 29,</u> 19 <u>55</u> at <u>4:45 P.</u> m. 27. SIGNATURE OF PHYSICIAN <u>Oscar Roth, M.D.</u> Address <u>New Haven, Conn.</u> Date <u>6/30/55</u>	
FATHER 14. NAME <u>Nicholas Condron</u> (City or town) _____ (State or foreign country) _____ 15. BIRTHPLACE <u>- Ireland</u> MOTHER 16. NAME <u>Sarah Carty</u> (City or town) _____ (State or foreign country) _____ 17. BIRTHPLACE <u>- Ireland</u>		18. INFORMANT'S NAME <u>Mrs. James P. Condron (Wife)</u> 19. BURIAL, CREMATION OR REMOVAL Date <u>July 2,</u> 19 <u>55</u> Cemetery or Crematory <u>St. Lawrence</u> Place <u>West Haven, Connecticut.</u> 20. NAME OF EMBALMER IF BODY WAS EMBALMED License number <u>F.J. Smith</u> <u>760</u> 21. SIGNATURE OF LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR <u>Cox, Smith & Crimmins J.D. Crimmins</u> Address <u>New Haven, Connecticut.</u>	
THIS CERTIFICATE RECEIVED FOR RECORD ON <u>June 30, 1955</u>		REGISTRAR By <u>Andrew Casolino</u>	

I certify that this is a true transcript of the information on the death record as recorded in this office.

Attest: Anna Daly (Bodman Ass't.) Registrar of Vital StatisticsDated July 6, 1955 Town of New Haven, Connecticut.

No 33810

CONNECTICUT STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics - Hartford, Connecticut, U. S. A.

Certified Copy of Death Record

1. Place of Death: (a) State of Connecticut (b) County New Haven (c) Town New Haven (d) Length of stay Yrs.		2. Usual Residence of Deceased: (a) State Connecticut (b) County New Haven (c) Town New Haven (d) Length of stay Yrs.	
3. Name of Deceased (Type or print) Mr. James Patrick (Last) (First) (Middle) St. Raphael's Hosp. (If not in hospital give street no. or location) New Haven		4. Social Security Number Gondron	
5. Date of Birth June 29, 1955 6. Date of Death July 6, 1955 7. Sex Male 8. Race White 9. Marital Status Married 10. Usual Occupation Gar. Inspector 11. Birthplace Ireland 12. (a) Was Deceased a Veteran? Yes or No no (b) If yes, give war Unit or Ship 13. Informant's Name Mrs. James P. Gondron (Wife) 14. Name Nicholas Gondron (City or town) (State or foreign country) Ireland 15. Birthplace Ireland 16. Name Sarah Carty (City or town) (State or foreign country) Ireland 17. Birthplace Ireland 18. Informant's Name Mrs. James P. Gondron (Wife) 19. Burial, Cremation or Removal Date July 2, 1955 20. Name of Embalmer F. J. Smith 21. Signature of Licensed Embalmer F. J. Smith 22. Signature of Physician Oscar Roth, M.D. 23. Other Significant Conditions Rheumatic Heart Disease 24. Operation, Date and Major Findings no 25. (a) Death was due to External Causes. Fill in the following: (b) Date of occurrence April 2, 1955 (c) City or Town and State New Haven, Conn. (d) Did injury occur in or about home, factory, farm, office, street, etc? no (e) While at work? no 26. I HEREBY CERTIFY, That I attended the deceased from April 2, 1955 to June 29, 1955 that I last saw the deceased alive on June 29, 1955 and that death is said to have occurred on June 29, 1955 at 4:45 p.m.			

I certify that this is a true and correct copy of the information on the death record as recorded in this office.

Attest: Andrew Gasolino, Registrar
New Haven, Connecticut
July 6, 1955
Dated: July 6, 1955
Town of New Haven, Connecticut

NOT GOOD WITHOUT SEAL OF CERTIFYING OFFICIAL

Form V.S. 15C